


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000045997
 1. Entity Name
 PACIFICA KEY LARGO INC.



Principal Place of Business 1785 HANCOCK ST SUITE 100 SAN DIEGO, CA 92110	Mailing Address 1785 HANCOCK ST SUITE 100 SAN DIEGO, CA 92110
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DO NOT WRITE IN THIS SPACE



07052006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2145471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARACORP INCORPORATED
 236 EAST 6TH AVENUE
 TALLAHASSEE, FL 32303

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ISRANI, ASHOK
STREET ADDRESS	1785 HANCOCK ST SUITE 100
CITY-ST-ZIP	SAN DIEGO, CA 92110
TITLE	P
NAME	ISRANI, ASHOK
STREET ADDRESS	1785 HANCOCK STREET, #100
CITY-ST-ZIP	SAN DIEGO, CA 92110
TITLE	ST
NAME	ISRANI, DEEPAK
STREET ADDRESS	1789 HANCOCK STREET, #100
CITY-ST-ZIP	SAN DIEGO, CA 92110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/12/06-80001-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **7/7/06** **619/296-9000 x105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #