

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90021 049 ***150.00

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1. Entity Name
PACIFIC LANDS INVESTMENTS CORP.



Principal Place of Business

**6819 SW 105TH CT
MIAMI, FL 33173**

Mailing Address

**6819 SW 105TH CT
MIAMI, FL 33173**

4000000000



04192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1250708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALDANA, CARLOS A
6819 SW 105TH CT
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SAAVEDRA, FLORENCIO
STREET ADDRESS	6311 129TH PLACE SE
CITY- ST- ZIP	SNOHOMISH, WA 98296

TITLE	VD S
NAME	SAAVEDRA, SCARLETT E
STREET ADDRESS	6311 129TH PLACE SE
CITY- ST- ZIP	SNOHOMISH, WA 98296

TITLE	D
NAME	RODRIGUEZ, NORMA E
STREET ADDRESS	15403 SW 130TH PL
CITY- ST- ZIP	MIAMI, FL 33186

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Florencio Saavedra*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/08
Date

(425) 357-8767
Daytime Phone #