

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90037 044 ***150.00

DOCUMENT # S75285			
1. Entity Name PACIFIC REAL ESTATE MANAGEMENT CORPORATION			
Principal Place of Business 2600 DOUGLAS ROAD 1004 CORAL GABLES FL 33134 US		Mailing Address 2600 DOUGLAS ROAD 1004 CORAL GABLES FL 33134 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0278101				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			7. Name and Address of New Registered Agent				
MURAI, WALD, BIONDO & MORENO, P.A. 25 SE 2ND AVENUE 900 INGRAHAM BLDG. MIAMI FL 33131			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISAIAS, ROBERTO			NAME			
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISAIAS, ESTEFANO			NAME			
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	DVT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISAIS, WILLIAM			NAME			
STREET ADDRESS	2600 DOUGLAS RD, STE 1004			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTHEIS, THEODORE			NAME			
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, ROBERT			NAME			
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____