


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
05 JUN 14 AM 10:55  
TALLAHASSEE, FLORIDA

**DOCUMENT # S75285**

1. Entity Name  
**PACIFIC REAL ESTATE MANAGEMENT CORPORATION**



Principal Place of Business <b>2600 DOUGLAS ROAD 1004 CORAL GABLES, FL 33134 US</b>	Mailing Address <b>2600 DOUGLAS ROAD 1004 CORAL GABLES, FL 33134 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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06082005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0278101</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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**6. Name and Address of Current Registered Agent**

**MURAI, WALD, BIONDO & MORENO, P.A.  
25 SE 2ND AVENUE  
900 INGRAHAM BLDG.  
MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ISAIAS, ROBERTO <input type="checkbox"/> Delete	TITLE	D <b>MARIA DEL CARMEN MORLA</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAIAS, ROBERTO	NAME	<b>2600 Douglas Road, Suite 1004</b>
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004	STREET ADDRESS	<b>Coral Gables FL 33134</b>
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	DT ISAIAS, ESTEFANO <input type="checkbox"/> Delete	TITLE	<b>800056398463</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAIAS, ESTEFANO	STREET ADDRESS	<b>06/21/05--01058--003 ***61.25</b>
STREET ADDRESS	2600 DOUGLAS ROAD, SUITE 1004	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	DVT ISAIAS, WILLIAM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISAIAS, WILLIAM	NAME	
STREET ADDRESS	2600 DOUGLAS RD, STE 1004	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	
TITLE	V LOPEZ, ROBERT <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	
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: **MARIA DEL CARMEN MORLA** *[Signature]* **06/08/2005** *[Date]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #