2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90031 037 ***150.00

DOCUMENT # S75285

1. Entity Name
PACIFIC REAL ESTATE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
2600 DOUGLAS ROAD 1004 CORAL GABLES, FL 33134 US	2600 DOUGLAS ROAD 1004 CORAL GABLES, FL 33134 US

2. Principal Place of Business	3. Mailing Address
396 ALHAMBRA CIRCLE	396 ALHAMBRA CIRCLE
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: CORAL GABLES FL.	City & State: CORAL GABLES FL.
Zip: 33134 / Country:	Zip: 33134 / Country:

01102006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0278101 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$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: MURAI WALD BIONDO MORENO & BROCHIN Street Address (P.O. Box Number is Not Acceptable): 2 ALHAMBRA PLAZA PENTHOUSE 1B City: CORAL GABLES FL Zip Code: 33134

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, 2006 Fee will be $550.00

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 NAME: ISAIAS, ROBERTO STREET ADDRESS: 2600 DOUGLAS ROAD, SUITE 1004 CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ Delete	TITLE: NAME: STREET ADDRESS: 396 ALHAMBRA CIRCLE STE 100 CITY-ST-ZIP: CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE: DT NAME: ISAIAS, ESTEFANO STREET ADDRESS: 2600 DOUGLAS ROAD, SUITE 1004 CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ Delete	TITLE: NAME: STREET ADDRESS: 396 ALHAMBRA CIRCLE STE 100 CITY-ST-ZIP: CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE: DVT NAME: ISAIS, WILLIAM STREET ADDRESS: 2600 DOUGLAS RD, STE 1004 CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ Delete	TITLE: NAME: STREET ADDRESS: 396 ALHAMBRA CIRCLE STE 100 CITY-ST-ZIP: CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE: V NAME: LOPEZ, ROBERT STREET ADDRESS: 2600 DOUGLAS ROAD, SUITE 1004 CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ Delete	TITLE: NAME: STREET ADDRESS: 396 ALHAMBRA CIRCLE STE 100 CITY-ST-ZIP: CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE: D NAME: CARMEN MORLA, MARIA DEL STREET ADDRESS: 2600 DOUGLAS ROAD, SUITE 1004 CITY-ST-ZIP: CORAL GABLES, FL 33134	☐ Delete	TITLE: NAME: STREET ADDRESS: 396 ALHAMBRA CIRCLE STE 100 CITY-ST-ZIP: CORAL GABLES, FL 33134	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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: _____ 02/09/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #