



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90208 041 ***150.00

DOCUMENT # P22005 1. Entity Name PAC ORD INC.					
Principal Place of Business 2427 HOOVER AVENUE NATIONAL CITY, CA 91950 US			Mailing Address 2427 HOOVER AVENUE NATIONAL CITY, CA 91950 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02112005 Chg-P CR2E034 (10/03)	
4. FEI Number 23-2523436		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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKS, DOUGLAS I <input type="checkbox"/> Delete 122 WEST 24TH STREET NATIONAL CITY, CA 91950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hawks, Douglas I 2427 Hoover Avenue National City, CA 91950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D3 <input type="checkbox"/> Delete LANZA, FRANK C 600 THIRD AVENUE NEW YORK, NY 10016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LAPENTA, ROBERT V 600 THIRD AVENUE NEW YORK, NY 10016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete CAMBRIA, CHRISTOPHER C 600 THIRD AVENUE NEW YORK, NY 10016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete SULLIVAN, LEO J 13500 ROOSEVELT BLVD PHILADELPHIA, PA 19116		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Finance <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Strianese, Michael 600 Third Avenue New York, NY 10016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input type="checkbox"/> Delete O'BRIEN, LAWRENCE W 600 THIRD AVENUE NEW YORK, NY 10016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Souza, Steve 600 Third Avenue New York, NY 10016	
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: _____ Douglas I. Hawks 2/24/05 (619) 336-2201 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					