



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90054 037 \*\*\*158.75

<b>DOCUMENT # F00000003346</b> 1. Entity Name <b>PACIFIC CHARTERS, INC.</b>					
Principal Place of Business <b>8033 NW 36TH STREET SUITE 440 MIAMI, FL 33166</b>			Mailing Address <b>8033 NW 36TH STREET SUITE 440 MIAMI, FL 33166</b>		
2. Principal Place of Business - No P.O. Box # <b>8045 N.W. 36TH ST</b>		3. Mailing Address <b>8045 N.W. 36TH ST</b>			
Suite, Apt. #, etc. <b>500</b>		Suite, Apt. #, etc. <b>500</b>			
City & State <b>DORAL FL</b>		City & State <b>DORAL FL</b>			
Zip <b>33166</b>		Zip <b>33166</b>			
Country <b>U.S.A.</b>		Country <b>USA</b>		02072007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>65-0712035</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MENENDEZ, GEORGINA 8033 NW 36TH STREET SUITE 440 MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8045 N.W. 36TH ST</b> <b>SUITE 500</b> City <b>DORAL</b> <b>FL</b> Zip Code <b>33166</b>		
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>MENENDEZ, GEORGINA</b> <b>8033 NW 36TH STREET SUITE 440</b> <b>MIAMI, FL 33166</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Priscilla Garcia</i>		SEC/TRES		4/18/07 (305) 597-9044	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	