2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2008 8:00 am
Secretary of State
02-28-2008 90006 003 ***150.00

DOCUMENT # F00000003346

1. Entity Name
PACIFIC CHARTERS, INC.

Principal Place of Business	Mailing Address
8045 NW 36TH ST SUITE500 DORAL FL 33166	8045 NW 36TH ST SUITE500 DORAL FL 33166

2

6

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0712035 ☐ 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
MENENDEZ, GEORGINA 8045 NW 36TH ST SUITE 500 DORAL FL 33166	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 ____________________
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, 2008 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	☐ Delete	TITLE	D	☐ Change ☑ Addition
NAME	MENENDEZ, GEORGINA		NAME	Diego Ribadeneira	
STREET ADDRESS	8045 NW 36TH ST SUITE 500		STREET ADDRESS	8045 NW 36 th St # 500	
CITY-ST-ZIP	DORAL FL 33166		CITY-ST-ZIP	Mia. Fl 33166	
TITLE	ST	☒ Delete	TITLE	V	☐ Change ☑ Addition
NAME	GARCIA, PRISCILLA		NAME	Daniela Ribadeneira	
STREET ADDRESS	8045 NW 36TH ST SUITE 500		STREET ADDRESS	8045 NW 36 th St # 500	
CITY-ST-ZIP	DORAL FL 33166		CITY-ST-ZIP	Mia. Fl 33166	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 exemptions contained in Section 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: Georgina Menendez 2/21/08 305 592 9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #