

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000003797

1. Entity Name  
PACIFIC CONCORD INVESTMENT CORPORATION



Principal Place of Business  
2000 N.W. COURTYARD CIR.  
SPRING HILL SUITES  
PORT SAINT LUCIE, FL 34986

Mailing Address  
6 INDUSTRIAL WAY EAST  
EATONTOWN, NJ 07724



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3281499

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BALLARD, GARY L  
500 NORTH OLEANDER AVENUE  
DAYTONA BEACH, FL 32118

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
CHIANG, WEN-HUI  
23 SUNRISE CIRCLE  
HOLMDEL, NJ 07733

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WU, THOMAS  
2 TYCOR RUN  
HOLMDEL, NJ 07733

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CHIANG, CHING TAI  
23 SUNRISE CIRCLE  
HOLMDEL, NJ 07733

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
SMITH, BRIAN B  
ROUTE 35  
EATONTOWN, NJ 07724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WU, LEE GEN  
2 TYCOR RUN  
HOLMDEL, NJ 07733

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000630357  
02/20/07-80028-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: K. J. Kienan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/07 732-544-2625