2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000006341

1. Entity Name PACIFIC EQUITIES GROUP, INC.



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

Principal Place of Business

Mailing Address

1640 SOUTH SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025 P.O. BOX 25991 LOS ANGELES, CA 90025



DO NOT WRITE IN THIS SPACE

	S8 75 Additional
95-4544929	Not Applicable
4. FEI Number	Applied For
<u> </u>	

5. Certificate of Status Desired

01122007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

No Chg-P

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, typicd or printed name of intigratered agent and time if applicable (NOTE Registered Agent signature required when resistating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CHY-SI-ZIP	DPT ROSEN, DAVID S 1640 SOUTH SEPULVEDA BLVD., SU LOS ANGELES, CA 90025	IITE 308	U00000633051 02/21/07-80047-014 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS ROSEN, HARVEY 1640 SOUTH SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

47107 310.477.530

Daytime Phone #