


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90037 029 ***150.00

DOCUMENT # F03000000464 1. Entity Name PACIFIC ASIAN ENTERPRISES, INC.					
Principal Place of Business 34179 GOLDEN LANTERN, SUITE 101 DANA POINT, CA 92629			Mailing Address PO BOX 874 DANA POINT, CA 92629		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 95-3306034			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 DANET, RAY 450 S.W. SALERNO ROAD STUART, FL 34997-6250			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME STREECH, DAN STREET ADDRESS 34179 GOLDEN LANTERN, SUITE 101 CITY-ST-ZIP DANA POINT, CA 92629			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VT <input type="checkbox"/> Delete NAME LEISHMAN, JAMES STREET ADDRESS 34179 GOLDEN LANTERN, SUITE 101 CITY-ST-ZIP DANA POINT, CA 92629			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VT <input checked="" type="checkbox"/> Delete NAME MEGLEN, JOSEPH STREET ADDRESS 34179 GOLDEN LANTERN, SUITE 101 CITY-ST-ZIP DANA POINT, CA 92629			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SECRETARY <input type="checkbox"/> Delete NAME JEFFREY LEISHMAN STREET ADDRESS 34179 GOLDEN LANTERN, SUITE 101 CITY-ST-ZIP DANA POINT, CA 92629			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: DAN STREECH, PRESIDENT					
Date: 7/7/05 Daytime Phone #: (949) 496-4848					