


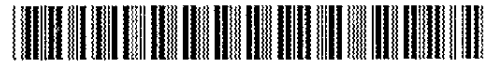
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000003370 1. Entity Name PACIFIC INTERNATIONAL SERVICES INC.	
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Principal Place of Business 300 WESTERN AVENUE STATEN ISLAND, NY 10303	Mailing Address 300 WESTERN AVENUE STATEN ISLAND, NY 10303
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2472892	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP AGUIRRE, CARLOS A 65 EAST 55TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS AHLSTROM, CARLOS 65 EAST 55TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HICKEY, EDWARD W 65 EAST 55TH STREET NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KEVIN, HORVATH 6161 BLUE LAGOON STE 250 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/04-80052-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 OR DIRECTOR

EDWARD W. HICKEY 1/07/04

718 556-8420

Date

Daytime Phone #