

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003370

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** PACIFIC INTERNATIONAL SERVICES INC.

**Current Principal Place of Business:**

300 WESTERN AVENUE  
STATEN ISLAND, NY 10303

**New Principal Place of Business:**

**Current Mailing Address:**

300 WESTERN AVENUE  
STATEN ISLAND, NY 10303

**New Mailing Address:**

**FEI Number:** 22-2472892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** AGUIRRE, CARLOS A  
**Address:** 300 WESTERN AVENUE  
**City-St-Zip:** STATEN ISLAND, NY 10303

**Title:** DS  
**Name:** AHLSTROM, CARLOS  
**Address:** 300 WESTERN AVENUE  
**City-St-Zip:** STATEN ISLAND, NY 10303

**Title:** DT  
**Name:** HICKBY, EDWARD W  
**Address:** 300 WESTERN AVENUE  
**City-St-Zip:** STATEN ISLAND, NY 10303

**Title:** DV  
**Name:** HORVATH, KEVIN  
**Address:** 6161 BLUE LAGOON ,STE 250  
**City-St-Zip:** STATEN ISLAND, NY 10303

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CARLOS AGUIRRE

DP

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date