


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90045 005 \*\*\*150.00

<b>DOCUMENT # K50648</b>	
1. Entity Name PACIFIC INTERNATIONAL MARKETING, INC.	

Principal Place of Business 20803 BISCAYNE BLVD SUITE 200 MIAMI, FL 33180	Mailing Address 20803 BISCAYNE BLVD SUITE 200 MIAMI, FL 33180
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**40005222**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0191729	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DAVID, ALAN 20803 BISCAYNE BLVD SUITE 200 AVNETURA, FL 33261-9002
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**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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BEDZOW, MICHAEL 20803 BISCAYNE BLVD #200 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID, ALAN M 20803 BISCAYNE BLVD #200 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALPER, SUSAN 20803 BISCAYNE BLVD#200 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, SCOTT W 20803 BISCAYNE BLVD #200 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

<b>SIGNATURE:</b> _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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