


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<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
--	--



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0191729	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
DAVID, ALAN  
20803 BISCAYNE BLVD  
SUITE 200  
AVNETURA, FL 33261-9002

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 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
---	---

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	

U000000799914  
01/30/08-80087-015 150.00

**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.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_