
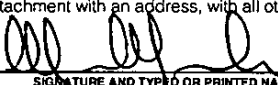


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90083 011 ***150.00

DOCUMENT # K89048 1. Entity Name PACIFIC CONDOS, INC.					
Principal Place of Business C/O PACIFIC R.E. MGMT. CORP. 2600 DOUGLAS RD., # 1004 MIAMI, FL 33134 US			Mailing Address C/O PACIFIC R.E. MGMT. CORP. 2600 DOUGLAS RD., # 1004 MIAMI, FL 33134 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MURAI, WALD, BIONDO, & MORENO PA 900 INGRAHAM BLDG. 25 SE 2ND AVE MIAMI, FL 33131				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 _____ DATE _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISAIAS, ROBERTO		NAME		
STREET ADDRESS	2600 DOUGLAS RD., # 1004		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VDT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISAIAS, WILLIAM		NAME		
STREET ADDRESS	2600 DOUGLAS RD., # 1004		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VDS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ISAIAS, ESTEFANO		NAME		
STREET ADDRESS	2600 DOUGLAS RD., #1004		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	O		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARMEN MORIA, MARIA DEL		NAME		
STREET ADDRESS	2600 DOUGLAS RD, STE 1004		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  MARIA DEL CARMEN MORIN 04/12/05 305 529 2488					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					