2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # L67174 PACIFIC BUSINESS, INC. Principal Place of Business Mailing Address 14249 S.W. 102ND STREET 14249 S.W. 102ND STREET MIAMI, FL 33186 MIAMI, FL 33186 02072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0192055 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WERNER, BERTHA GRACIELA DO NOT WRITE 14249 S.W. 102ND STREET MIAMI, FL 33186 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, typed r ue il applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WERNER, JULIO NAME STREET ADDRESS 14249 S.W. 102ND STREET CITY-ST-ZIP MIAMI, FL 05/02/05-80076-012 150.00 TITLE WERNER, JULIO A. NAME 14249 S.W. 102ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE WERNER, BERTHA GRACIÉLA NAME 14249 S.W. 102ND STREET STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL IN THIS SPACE TITLE VPD NAME ALEX R. WERNER STREET ADDRESS 14249 S.W. 102ND STREET CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS 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

NING OFFICER OR DIRECTOR

FILED