2004 FOR PROFIT CORPORATION

Mar 31, 2004 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # M70733** 1. Entity Name PACIFIC INVESTMENT GROUP, INC. Principal Place of Business Mailing Address 3725 SW 30 AVE 3725 SW 32 AVE FT LAUDERDALE, FL 33312 US FT LAUDERDALE, FL 33312 03262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0047690 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEKACH, ILIA DO NOT WRITE 3725 SW 30 AVENUE FT. LAUDERDALE, FL 33312 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) U00000099490 9. Election Campaign Financing \$5.00 May 8e FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 03/31/04-80007-023 150.ma Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE LEKACH, ILIA MAME STREET ADDRESS 3725 SW 30 AVE FT LAUDERDALE, FL CITY-ST-ZIP TITLE ESPINOSA, TANIA N NAME STREET ADDRESS 3725 SW 30 AVENUE FT LAUDERDALE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 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:

CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 71**71.E** NAME STREET ADDRESS

FILED