

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90025 048 ***150.00

DOCUMENT # M70733

1. Entity Name
PACIFIC INVESTMENT GROUP, INC.



Principal Place of Business
**3725 SW 30 AVE
FT LAUDERDALE, FL 33312 US**

Mailing Address
**3725 SW 32 AVE
FT LAUDERDALE, FL 33312 US**

40040727



2. Principal Place of Business - No P.O. Box #
20855 NE 16 AVENUE
Suite, Apt. #, etc.
SUITE C16

3. Mailing Address
20855 NE 16 AVENUE
Suite, Apt. #, etc.
SUITE C16

03062007 Chg-P CR2E034 (12/06)

City & State
NORTH MIAMI BEACH, FL
Zip
33179
Country
DADE

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NORTH MIAMI BEACH, FL
Zip
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4. FEI Number
65-0047690
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEKACH, ILIA
3725 SW 30 AVENUE
FT. LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name
LEKACH, ILIA
Street Address (P.O. Box Number is Not Acceptable)
20855 NE 16 AVENUE
SUITE C16
City
NORTH MIAMI BEACH FL Zip Code
33179

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEKACH, ILIA 3725 SW 30 AVE FT LAUDERDALE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESPINOSA, TANIA N 3725 SW 30 AVENUE FT LAUDERDALE, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20855 NE 16 AVENUE, SUITE C16 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20855 NE 16 AVENUE, SUITE C16 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **TANIA N. ESPINOSA** 3/5/07 (205) 770-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #