


**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      Mailing Address

**3725 SW 30 AVE**      **3725 SW 32 AVE**  
**FT LAUDERDALE, FL 33312 US**      **FT LAUDERDALE, FL 33312 US**

40040727



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**20855 NE 16 AVENUE**      **20855 NE 16 AVENUE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE C16**      **SUITE C16**

03062007      Chg-P      CR2E034 (12/06)

City & State      City & State

**NORTH MIAMI BEACH, FL**      **NORTH MIAMI BEACH, FL**

Zip      Country      Zip      Country

**33179**      **DADE**      **33179**      **DADE**

4. FEI Number      Applied For

**65-0047690**       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	PTD	<input type="checkbox"/> Delete
NAME	LEKACH, ILIA	
STREET ADDRESS	3725 SW 30 AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ESPINOSA, TANIA N	
STREET ADDRESS	3725 SW 30 AVENUE	
CITY-ST-ZIP	FT LAUDERDALE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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*      **TANIA N. ESPINOSA 3/5/07 (205) 770-4488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #