

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000100518

1. Entity Name
PACIFIC BLUE USA CORP.



Principal Place of Business
1650 NW 23RD AVE
BAY A
FT LAUDERDALE, FL 33311

Mailing Address
1650 NW 23RD AVE
BAY A
FT LAUDERDALE, FL 33311



01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1948275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLICKMAN, JOSHUA
2750 NW 30TH WAY
LAUDERDALE LAKES, FL 33311

**DO NOT WRITE
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] (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GLICKMAN, JOSHUA
STREET ADDRESS	1650 NW 23RD AVE BAY A
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	V
NAME	ASHKENAZY, SHAUL
STREET ADDRESS	1650 NW 23RD AVE BAY A
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	T
NAME	ASHKENAZY, SHAUL
STREET ADDRESS	1650 NW 23RD AVE BAY A
CITY-ST-ZIP	FT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11810001413249
02/01/06-80079-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____