

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## May 23, 2005 08:00 AM Secretary of State **DOCUMENT # P01000071655** PACIFIC RIM PROPERTIES, INC. Principal Place of Business Mailing Address 11750 SW 113 COURT 11750 SW 113 COURT MIAMI, FL 33176 MIAMI, FL 33176 05192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1123870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COOLEY, RHONDAS DO NOT WRITE 11750 SW 113 COURT MIAMI, FL 33176 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 7, 2005 Added to Fees 10. OFFICERS AND DIRECTORS TITLE COOLEY, RHONDAS NAME STREET ADDRESS 11750 SW 113 COURT CITY-ST-ZIP MIAMI, FL 33176 TITLE BLYTH, JAMES D MARKE 11750 SW 113TH CT. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 reserver or trusted empowered to receive 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 attac like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

FILED