

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098784

FILED
Feb 05, 2004
Secretary of State

Entity Name: PACIFIC RIM CONSULTANTS, INC.

Current Principal Place of Business:

2875 S. ORANGE AVENUE
SUITE 500-2125
ORLANDO, FL 32806-545

New Principal Place of Business:

Current Mailing Address:

2875 S. ORANGE AVENUE
SUITE 500-2125
ORLANDO, FL 32806-545

New Mailing Address:

FEI Number: 59-3749396 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFSON, GARY L
2875 S. ORANGE AVENUE
SUITE 500-2125
ORLANDO, FL 32806-545

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLFSON, GARY L
Address: 2875 S. ORANGE AVENUE, SUITE 500-2125
City-St-Zip: ORLANDO, FL 32806

Title: C () Delete
Name: STANLEY, JAMES C
Address: 2875 S. ORANGE AVE. STE 500-2125
City-St-Zip: ORLANDO, FL 32806

Title: V () Delete
Name: CLINTON, KENNETH L
Address: 2875 S. ORANGE AVE. STE 500-2125
City-St-Zip: ORLANDO, FL 32806

Title: ST () Delete
Name: JIN QIU, XU
Address: 2875 S. ORANGE AVE. STE 500-2125
City-St-Zip: ORLANDO, FL 32806

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: JIN QIU, XU
Address: 2875 S. ORANGE AVE. STE 500-2125
City-St-Zip: 2875 S. ORANGE AVE. STE 500-, FL 32806

Title: D () Change (X) Addition
Name: MAGEE, MARISA
Address: 2875 S. ORANGE AVE. STE 500-2125
City-St-Zip: ORLANDO, FL 32806

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. WOLFSON

PRES

02/05/2004

Electronic Signature of Signing Officer or Director

_____ Date