2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 29, 2004 8:00 am Secretary of State DOCUMENT # P02000023105 1. Entity Name 01-29-2004 90017 001 ***150.00 PACIFIC CONSULTING, INC. Principal Place of Business Mailing Address 11762 SW 88TH ST., SUITE 308 MIAMI FL 33186-2102 11762 SW 88TH ST., SUITE 308 44000400 MIAMI FL 33186-2102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 01-0613731 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name □ = -GARCIA-TOLEDO, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 9130 SW 134TH PL. **MIAMI FL 33186** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition Change TITLE ☐ Delete TITLE GEORGE N. PATTIS NAME GARCIA-TOLEDO, RAFAEL NAME 12247 SW 116 LAHE 9130 SW 134TH PL. STREET ADDRESS STREET ADDRESS MIAH1 FL 33186 MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP TP Addition ☐ Delete TITLE TITLE ISA M. GARCIA-TOLEDO NAME PATTIS, SUSAN W NAME 9130 SW 134 PLACE 12247 SW 116TH LANE STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP City-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 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.

FILED

PAFAEL GARCIA-TOLEDO SIGNATURE: