

FROM :

FAX NO. : 3864233744

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90001 023 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000090188

1. Entity Name
PACIFIC PASTURES KOBE, INC.



Principal Place of Business
802 8TH AVE
NEW SMYRNA BEACH, FL 32169

Mailing Address
802 8TH AVE
NEW SMYRNA BEACH, FL 32169

54072551



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME

07262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number **68 020 5693**

Applied for
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILIPSEN, PETER C
802 8TH AVE
NEW SMYRNA BEACH, FL 32169

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 a member with and accept the obligations of registered agent.

SIGNATURE

Signature, name or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when remaining)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contributor

\$5.00 May Be
Added to Fees

in accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PHILIPSEN, PETER C	
STREET ADDRESS	802 8TH AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	V	<input type="checkbox"/> Delete
NAME	PHILIPSEN, SANDRA L.	
STREET ADDRESS	802 8TH AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on the report of supplemental information 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 authorized to execute this report as required by Chapter 07, Florida Statutes; and that my name appears in block 10 of Block 11 of this report, or on an attachment with an address, with all titles, like or powdered.

SIGNATURE:

Peter Philipson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/04 386 427 9325
DATE DAYTIME PHONE #