Daytime Phone #

APPHOVEL PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

								<u>i</u>		FILE	:U			
	PORATION	200			DEPARTA Secretary of some	of State					AH IO: DF STATI FLORIC	_		
DOCUMENT # P03000114436 1. Corporation Name								ī,	ALLAHA	SSEE,	FLORIC	ĎΔ	1032	
C_1	102 N	ı F	PAC:	IFIC	GRO	ouP, ·	INC.	(7) 03/06/0	009 07010	1 () 2 024	1312 022 *	2⊕ *450	.00	
			<u> </u>	- , -			REI	NSTA	TE	1/1		r.	· ^-	
2. Principal Of				- I	l i				NSTATEMENT 05-07					
7700		24 Ave	<u> </u>		17032 NW, 115t.				CR2E081 (12/05)					
Suite, Apt. #, etc. Bay 6				Suite, Apr. #,	Suite, Apt. #, etc.				4. Date Incorporated or Qualified					
City & State	<u> </u>			City & State				To Do Busin	iess in Flon	da	5/10/	150	03	
Hiale	oah	FL		Pembrok	ke Pi	מבו		5. FEI Number		211.		⊢	Applied For	
Zip	C	Country		Zip		Country		20-8 6.	448	310	59.75		Not Applicable	
3301	6	Dade		3302	8			CERTIFICATE	OF STATUS	DESIRED			al Fee required ate of Status	
				7. 1	Name and Add	dress of Cun	rent Register	ed Agent						
1	Name Jose J. Bueno													
				ひとカロ lot Acceptable)				 						
													1	
	17032 NW 11 St. Suite, Apt. #, Etc.										1			
<u> </u>	Alt.								Cinta	7'2 C2			[
	city Pem	brok	e_ f	Pines					State FL	Zip Cod	اه 2 <u>8</u>			
8. I. being ap					oration, am fa	miliar with and	accept the of	bligations of sectio						
	7	X		3		-		***************************************		C . C .			,	
Signature of Registered Age	jent	_	\Rightarrow	ZO					Date _					
				ESISTERED AG										
9. Names an	nd Street Addr			d/or Director (Fig	orida nonprofit									
Titles		Name Officers and/o		i	Street Address of Each Officer and/or Directo				City / State / Zip					
P J	Tose J	T. Bu	eno		1703.	2 NW,	11 st		Peme	roke	Pine	25 , A	FL. 33018	
											· · -			
											- <u>,-</u>			
this reinst owed by t	tatement appli the corporation	ication, the rea: n have been pa	ison for diss aid and the	solution has bee	en eliminated, t iduals listed on	the corporate in this form do r	name satisfies not qualify for	provided for in chars the requirements an exemption confer oath.	of section	607.040	l or 617.040	1, F.S.,	that all fees	
ı			$\overline{}$	\Rightarrow										

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005-2007 or any other notice from the Division of Corporations in respect with the Corporation **GLOBAL PACIFIC GROUP, INC.**

Thank you for your courtesy in this matter.

JOSE J. BUEN

PRESIDENT