


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P22005

1. Entity Name
PAC ORD INC.



Principal Place of Business 2427 HOOVER AVENUE NATIONAL CITY, CA 91950 US	Mailing Address 2427 HOOVER AVENUE NATIONAL CITY, CA 91950 US
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04182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2523436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKS, DOUGLAS I 2427 HOOVER AVENUE NATIONAL CITY, CA 91950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D3 LANZA, FRANK C 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPENTA, ROBERT V 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CAMBRIA, CHRISTOPHER C 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFIN STRIANESE, MICHAEL 600 THIRD AVENUE NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SOUZA, STEVE 600 THIRD AVENUE NEW YORK, NY 10016

U00000525655
 05/04/06-80042-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Douglas I. Hawks* **4/18/06** **(614) 336-2281**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #