

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029409

Entity Name: PAC SYSTEMS, INC.

FILED  
Jan 19, 2007  
Secretary of State

## Current Principal Place of Business:

4421 S.W. 75 AVE  
BAY # 13  
MIAMI, FL 33155 US

## New Principal Place of Business:

## Current Mailing Address:

5783 SW 40TH ST 152  
MAIMI, FL 33155 US

## New Mailing Address:

FEI Number: 65-0422902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOMINGUEZ, FRANK  
4881 SW 146 AVE  
MIAMI, FL 33175 US

## 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: PT ( ) Delete  
Name: DOMINGUEZ, FRANK  
Address: 5201 S.W. 97 AVE  
City-St-Zip: MIAMI, FL 33165

Title: S ( ) Delete  
Name: DOMINGUEZ, MILDRED  
Address: 5201 SW 97 AVE  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: FRANK DOMINGUEZ

PRES

01/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date