

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000057769

1. Entity Name
PACIFIC COAST REALTY HOLDINGS, INC.



Principal Place of Business
**4801 S UNIVERSITY DR
DAVIE, FL 33328 US**

Mailing Address
**PO BOX 661169
MIAMI SPRINGS, FL 33166 US**



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0511314

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERLSTEIN, ARNOLD ESQ.
4801 S. UNIVERSITY DRIVE 2ND FLOOR
FORT LAUDERDALE, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2004 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
**PSD
ALWEISS, IRA
4801 S UNIVERSITY DR
DAVIE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**AS
PERLSTEIN, ARNOLD
4801 S UNIVERSITY DR
DAVIE, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000110628
04/12/04-80091-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE IRA ALWEISS **IRA ALWEISS** 4-8-04 305-285-0789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #