## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # P95000032093**

1. Entity Name P.A.C. DEVELOPMENT CORP.



**FILED** Mar 14, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

**5414 NORTHWEST 72 AVENUE** MIAMI, FL 33166

**5414 NORTHWEST 72 AVENUE** MIAMI, FL 33166



DO NOT WRITE IN THIS SPACE

03052008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0588500 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELLMAN, SETH 5414 NW 72 AVE

				IN	THIS SPA	<b>V</b> GE	
	named entity submits this statement for the p ions of registered agent.	urpose of changing its register	ed office or re	egistered agent, or be	oth, in the State of Floric	Ja. I am familiar with, and a	accept
	Signature, typed or printed name of registered agent and title I	applicable. (NOTE, Registere	d Agent signature	required when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contributio				\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				t v sjake		NE PROPERTY A	5 5 Bg
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELLMAN, SETH 5414 NORTHWEST 72 AVENUE MIAMI, FL 33166						
NAME STREET ADDRESS CITY-ST-ZIP	·				U000008 04/01/08-8	58399 10043-022 150.1	ָ נונ
TITLE			11000				

DO NOT WRITE

IN THIS SPACE

12. I hereby certify that the information supplied will 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 reports 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 or powered 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:

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR