

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 31, 2004 8:00 am
Secretary of State

08-31-2004 90001 028 ***150.00

DOCUMENT # P97000052129

Entity Name
PACIFIC MARKETING INTERNATIONAL U.S.A., INC.



Principal Place of Business
**CENTRAL PLAZA, 18 HARBOUR RD.
20TH FL, STE 2001
WANCHAI, HONG KONG, OC**

Mailing Address **1836 Eastchester Dr.**
315 WEST RUSSELL AVENUE Suite 102
HIGH POINT, NC 27260 27265

54070916



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0769173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **HOOD, PHILLIP**
STREET ADDRESS **315 WEST RUSSELL AVENUE**
CITY - ST - ZIP **HIGH POINT, NC 27260**

TITLE **D**
NAME **MOHUNDRO, GLENN**
STREET ADDRESS **20TH FL., STE. 2001, 18 HARBOUR RD.**
CITY - ST - ZIP **WANCHAI, HONG KONG,**

TITLE **D**
NAME **HOOD, PHILLIP C**
STREET ADDRESS **315 WEST RUSSELL AVENUE**
CITY - ST - ZIP **HIGH POINT, NC 27260**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/04 336 889-7292