ANNUAL REPORT (AR)

DOCUMENT # P98000003124

1. Entity Name

PACIFIC SOUTHEAST INVESTMENTS, INC.



Principal Place of Business Mailing Address 400 N.E. 1ST STREET SUITE #206 HALLANDALE FL 33009 400 N.E. 1ST STREET SUITE #206

HALLANDALE FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address

FILED Jan 26, 2007 08:00 AM Secretary of State



Suito, Apt. #, etc. City & State		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/06)			
		City & Stato			4. FEI Number 65-0805220 Applied	l For		
_					Not App	plicablo		
Zıp	Country	Zip	Coun	itry .	5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FLANS	SBAUM, DONALD			Name				
	.E. 1ST STREET			Street Address (P.O. Box Number is Not Acceptable)				
	ANDALE FL 33009							
				City	FL Zip Code			
The above nan the obligations	med entity submits this statoment s of registered agent.	for the purpose of chan	nging its registere	ad offica or regis	stored agent, or both, in the State of Florida. I am familiar with, and	accopt		
ONIATI IOE								

SIGNATURE 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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Departa

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

make check rayable to ribitida bepartment of state												
10.	OFFICERS AND DIRECTOR	S	11.	ADDITIONS,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11							
THE NAMI STREET ADDRESS CITY-SE-ZIP	D FLANSBAUM, DONALD 400 N.E. 1ST STREET SUITE #206 HALLANDALE FL 33009	Delete	DITE NAME STREET ADDRESS CITY+ST-ZIP		000000606115 01/30/07-80065-	□ Change □14 150.	☐ Addition					
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition					
NAME SIPETI ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY+ST-ZIP			☐ Change	Addition					
MAMI SIRIFT ADDRESS CITY-ST-7/P		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition					
NAME SIFEET ADDRESS CITY-ST-ZIP		☐ Delete	RILE NAME SIRELI ADDRESS CITY-ST-ZIP			☐ Change	Addition					
NAME SINET ADDRESS CITY-ST-ZIP		□ Delete	NAMI. STREET ADDRESS CAY-ST-ZIP			☐ Change	Addition					

12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 eath; 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.

SIGNATURES