

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90361 008 ***150.00

DOCUMENT # F01000006341
1. Entity Name
PACIFIC EQUITIES GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1640 S. Sepulveda Blvd.
Suite, Apt. #, etc. **Suite 308**

3. Mailing Address
Post Office Box 25991
Suite, Apt. #, etc.

City & State
Los Angeles, CA

City & State
Los Angeles, CA

Zip Country
90025 USA

Zip Country
90025 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-4544929

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL Zip Code
32301

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signatures, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D; C; S Harvey Rosen 1640 S. Sepulveda #308 Los Angeles, CA 90025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D; P; T David S. Rosen 1640 S. Sepulveda #308 Los Angeles, CA 90025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Harvey Rosen, Sec.**

Date: **4.24.02**

Daytime Phone #: **310 477.5300**

CR2E034B (12/01)