


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 1640 SOUTH SEPULVEDA BLVD., SUITE 308 P.O. BOX 25991
 LOS ANGELES, CA 90025 LOS ANGELES, CA 90025

DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 95-4544929 Not Applicable

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	DPT ROSEN, DAVID S 1640 SOUTH SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS ROSEN, HARVEY 1640 SOUTH SEPULVEDA BLVD., SUITE 308 LOS ANGELES, CA 90025
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U00000042545
02/10/04-80028-007 75.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Harvey Rosen, Sec. Date: 2-4-04 Daytime Phone #: 310 477-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR