

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State

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04302004 No Chg-P CR2E034 (10/03)

DOCUMENT # F02000002479
 1. Entity Name
 PACIFIC INCOME ADVISERS, INC.



Principal Place of Business: 1299 OCEAN AVENUE, SUITE 210, SANTA MONICA, CA 90401
 Mailing Address: 1299 OCEAN AVENUE, SUITE 210, SANTA MONICA, CA 90401

DO NOT WRITE IN THIS SPACE

4. FEI Number: 95-4067974
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ELIAS, BRIAN D.
 100 S.E. 2ND STREET, 17TH FLOOR
 MIAMI, FL 33131

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3. 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 8. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CVST
NAME	LLOYD MCADAMS, JOSEPH JR.
STREET ADDRESS	1200 TURQUESE LANE
CITY-ST-ZIP	PACIFIC PALISADES, CA 90272
TITLE	PC
NAME	BAINES, HEATHER U
STREET ADDRESS	1200 TURQUESE LANE
CITY-ST-ZIP	PACIFIC PALISADES, CA 90272
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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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: _____ Date: 5/27/04 Daytime Phone # _____