


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90021 049 ***150.00

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1. Entity Name
 PACIFIC LANDS INVESTMENTS CORP.



Principal Place of Business
 6819 SW 105TH CT
 MIAMI, FL 33173

Mailing Address
 6819 SW 105TH CT
 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

4000000000



04192008 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-1250708 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALDANA, CARLOS A.
 6819 SW 105TH CT
 MIAMI, FL 33173

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SAAVEDRA, FLORENCIO
STREET ADDRESS	6311 129TH PLACE SE
CITY-ST-ZIP	SNOHOMISH, WA 98296
TITLE	VD S
NAME	SAAVEDRA, SCARLETT E
STREET ADDRESS	6311 129TH PLACE SE
CITY-ST-ZIP	SNOHOMISH, WA 98296
TITLE	D
NAME	RODRIGUEZ, NORMA E
STREET ADDRESS	15403 SW 139TH PL
CITY-ST-ZIP	MIAMI, FL 33186
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 exemptions contained in Chapter 119, 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: *Florencio Saavedra* **Florencio Saavedra** *4/20/08* **4/20/08** *(425) 357-8767* **(425) 357-8767**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #