


2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/27/2006-90178-038-\$150.00-\$150.00

DOCUMENT # F04000003974 1. Entity Name CONSERVAS PANAMENAS SELECTAS, S.A.	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 PM 2:56

Principal Place of Business VIA BOLIVAR, TRANSISTMICA PANAMA - PANAMA,	Mailing Address APARTADO POSTAL 08-16-01915 PANAMA 5 PANAMA,
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04132006 Chg-P CR2E034 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number APPLIED FOR	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GALLAGHER, JOHN 17110 WATER BEND DRIVE #221 JUPITER, FL 33477	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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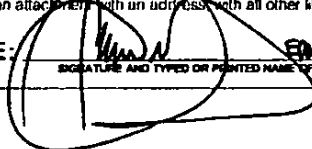
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PSYCHOYOS, ALEXANDER P.O. BOX 6-4000 EL DORADO, PANAMA.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHIARI, RICARDO P.O. BOX 8404 PANAMA 7, PANAMA.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARLETTA, LUIS P.O. BOX 0816-01915 PANAMA 5, PANAMA.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARCIA DE PAREDES, JOSE LUIS P.O. BOX 8404 PANAMA 7, PANAMA.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM VIDAL, EDMUNDO P.O. BOX 0816-01915 PANAMA 5, PANAMA.	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:  **EDMUNDO VIDAL - GENERAL MANAGER** 4/13/06 011-507-261-0035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City/State/Phone #