


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90025 047 ***558.75

DOCUMENT # P98000055680

1. Entity Name
PANAMERICAN CELLULAR, INC.



Principal Place of Business
**3541 N.W. 115TH AVENUE
 MIAMI, FL 33178**

Mailing Address
**3541 N.W. 115TH AVENUE
 MIAMI, FL 33178**

54061604



2. Principal Place of Business
7875 N.W. 29th STREET

3. Mailing Address
7875 NW 29th STREET

Suite, Apt. #, etc.
2

Suite, Apt. #, etc.
2

07072004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
65-0862575

Applied For
 Not Applicable

Zip
33122

Country
USA

Zip
33122

Country
USA

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, SONIA Z
3541 NW 115TH AVENUE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name **RODRIGUEZ, SONIA Z.**

Street Address (P.O. Box Number is Not Acceptable)
7875 NW 29th STREET

2

City **MIAMI** FL Zip Code **33122**

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 **Sonia Rodriguez V.** **07/07/2004**

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, STEVEN	
STREET ADDRESS	3541 NW 115TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SONIA V	
STREET ADDRESS	3541 NW 115TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARLOS H	
STREET ADDRESS	3541 NW 115TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/M/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, RAUL A.	
STREET ADDRESS	7875 NW 29th STREET, # 2	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, SONIA Z.	
STREET ADDRESS	7875 NW 29th STREET, # 2	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARLOS H.	
STREET ADDRESS	7875 NW 29th STREET # 2	
CITY-ST-ZIP	MIAMI, FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Sonia Rodriguez V.** **07/07/2004** **305 629 8444**

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