

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90012 037 \*\*\*158.75

**DOCUMENT # V21027**

1. Entity Name  
**PANAMERICAN SERVICE CORPORATION**



Principal Place of Business

1200 BRICKELL AVE  
 SUITE 305  
 MIAMI, FL 33131 US

Mailing Address

1200 BRICKELL AVE  
 SUITE 305  
 MIAMI, FL 33131 US

**50011814**



2. Principal Place of Business

999 Brickell Avenue  
 Suite, Apt. #, etc.  
 Suite 300

3. Mailing Address

999 Brickell Avenue  
 Suite, Apt. #, etc.  
 Suite 300

01182005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0322481

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  X

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CLINE, HARRY S.  
 625 COURT STREET, SUITE 200  
 CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  Delete  
 NAME FENTON, JAMES P  
 STREET ADDRESS 1200 BRICKELL AVE STE 305  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE S  Delete  
 NAME POWELL, JEFFERSON N JR  
 STREET ADDRESS 1200 BRICKELL AVE #305  
 CITY-ST-ZIP MIAMI, FL 33131

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 999 Brickell Avenue, Suite 300  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 999 Brickell Avenue, Suite 300  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Jefferson Norman Powell, Jr.*

1/21/05

(305) 373-6930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jefferson Norman Powell, Jr.