2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 311867

Entity Name: PAN ATLANTIC CORPORATION

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 1495 N/A 6157 NW 72ND AVENUE

CORAL GABLES, FL 33134 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

P.O. BOX 1495 N/A P.O. BOX 14-1495

CORAL GABLES, FL 33134 CORAL GABLES, FL 331141495

FEI Number: 59-1159756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIGUERAS, JJANE E ESQ. 7050 SW. 86 AVE. MIAMI, FL 33131 US FIGUERAS, JUAN E ESQ. 7050 SW. 86 AVE. MIAMI, FL 33131 US

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.

SIGNATURE: JUAN FIGUERAS, ESQ 03/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PST (X) Change () Addition

Name: BERNSTEIN, S G Name: BERNSTEIN, S Address: PO BOX 1495 Address: PO BOX 1495

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL 331141495

Title: AS () Delete Title: () Change () Addition

 Name:
 CIGNO, ANGELA
 Name:

 Address:
 613 OCEAN DRIVE
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 BATISTA, C
 Name:

 Address:
 P.O. BOX 1495
 Address:

 City-St-Zip:
 CORAL GABLES, FL 331141495
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: S BERNSTEIN PRES 03/12/2009