

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90252 046 \*\*\*150.00

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<b>DOCUMENT # 211410</b> 1. Entity Name <b>PAN AMERICAN APARTMENTS INC</b>					
Principal Place of Business <b>C/O JOHN PRDER 145 10TH AVENUE NORTH, #1 SAINT PETERSBURG, FL 33701</b>			Mailing Address <b>C/O JOHN PRDER 145 10TH AVENUE NORTH, #1 SAINT PETERSBURG, FL 33701</b>		
2. Principal Place of Business <b>145 10th Ave N</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>1</b>		Suite, Apt. #, etc. 			
City & State <b>ST PETERSBURG FL</b>		City & State 			
Zip <b>33701</b>		Country <b>USA</b>		Zip 	
Country 		4. FEI Number <b>59-0936194</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>PRDER, JOHN G (-PUDER) 145 10TH AVENUE NORTH #1 ST. PETERSBURG, FL 33701</b>					
7. Name and Address of New Registered Agent Name <b>PUDER, JOHN G</b> Street Address (P.O. Box Number is Not Acceptable) <b>145 10th Ave North</b> <b>#1</b> City <b>ST. PETERSBURG FL</b> Zip Code <b>33701</b>					
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOLAKOS, URSULA <input type="checkbox"/> Delete 145 10TH AVE N #14 ST PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PUDER, JOHN <input type="checkbox"/> Delete 145 10 AVENUE NORTH #1 ST PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HERMES, UWE <input type="checkbox"/> Delete 145 10TH AVE N #12 SAINT PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV RUBB, EVELYN <input type="checkbox"/> Delete 145 10TH AVE. #17 ST PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOSA, LAURA <input type="checkbox"/> Delete 145 10TH AVE N #15 SAINT PETERSBURG, FL 33701				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FONGAR, RUDIGER <input type="checkbox"/> Delete 145 10TH AVE. N #10 SAINT PETERSBURG, FL 33701				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE AV NAME STREET ADDRESS CITY-ST-ZIP <b>A.V. VOLAKOS, URSULA 145 10th Ave N #14 ST. PETERSBURG FL 33701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE P NAME STREET ADDRESS CITY-ST-ZIP <b>P FONGAR, RUDIGER 145 10th Ave N #10 ST PETERSBURG FL 33701</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <div style="float: right; text-align: right;"> <b>4/20/05</b> 727  <b>866655</b> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					