


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

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| DOCUMENT # 315979 1. Entity Name PAN AMERICAN LITHO INC |  |
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| Principal Place of Business 2267 S.W. 1ST STREET MIAMI, FL 33135 | Mailing Address 2267 S.W. 1ST STREET MIAMI, FL 33135 |
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04302008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-1162067 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ALVAREZ, LUIS M. 2267 S.W. 1ST STREET 11823 S.W. 34TH STREET MIAMI, FL 33135 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALVAREZ, LUIS M 11823 SW 34TH ST MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ALVAREZ, DIAMANDA 531 SW 99 AVE MIAMI, FL 33174 |
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05/29/08-80108-002 150.00

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.

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| SIGNATURE: <u>LOUIS M. ALVAREZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date <u>4/30/08</u> | Daytime Phone # <u>305 323 5825</u> |
|---|---------------------|-------------------------------------|