


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90028 013 ***158.75

DOCUMENT # 395335					
1. Entity Name PAN AMERICAN PAPERS, INC.					
Principal Place of Business 5101 N. W. 37TH AVENUE MIAMI, FL 33142			Mailing Address 5101 N. W. 37TH AVENUE MIAMI, FL 33142		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 59-1383068	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALDES, JESUS 5101 N.W. 37TH AVENUE MIAMI, FL 33142				Name <u>FRANCISCO A. VALDES</u>	
				Street Address (P.O. Box Number is Not Acceptable) <u>5101 N.W. 37 AVE.</u>	
				City <u>MIA</u> FL Zip Code <u>33142</u>	
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 <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.				DATE <u>2/15/08</u>	
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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	TPD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, JESUS F			NAME	
STREET ADDRESS	5101 NW 37TH AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<u>CHAIRMAN OF THE BOARD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCA, JESUS A. (SR.)			NAME	
STREET ADDRESS	5101 NW 37TH AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<u>PRESIDENT, C.E.O.</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, FRANCISCO A. (EXEC)			NAME	
STREET ADDRESS	5101 NW 37TH AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>2/15/08 (305) 635-2534</u> Date Daytime Phone #	