

APR-22-2005 10:52

R.L. AZAN

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90267 019 ***150.00

DOCUMENT # 405687					
1. Entity Name PAN AMERICAN FROZEN FOODS, INC.					
Principal Place of Business 1496 N.W. 23 STREET P.O. BOX 420592 MIAMI, FL 33242-7592			Mailing Address 1496 N.W. 23 STREET P.O. BOX 420592 MIAMI, FL 33242-7592		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
4. FID Number 59-1407314			Applied For No: Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MUNARRIZ, LAZARO 1496 N.W. 23RD. ST. MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. This 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 _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MUNARRIZ, LAZARO R.		NAME		
STREET ADDRESS	12710 SW 34 STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33175		CITY-STATE-ZIP		
TITLE	VPT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERRERA, EDUARDO		NAME		
STREET ADDRESS	1541 SW 126 PLACE		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 331784		CITY-STATE-ZIP		
TITLE	S	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MUNARRIZ, RAQUEL		NAME		
STREET ADDRESS	12710 SW 34 STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33175		CITY-STATE-ZIP		
TITLE	AVD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MUNARRIZ, RICARDO		NAME		
STREET ADDRESS	9050 SW 57 TERR.		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33173		CITY-STATE-ZIP		
TITLE	AVD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ULLOA, ZENaida		NAME		
STREET ADDRESS	14342 SW 43 TERRACE		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33175		CITY-STATE-ZIP		
TITLE	AVD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	DIAZ, RAQUEL		NAME		
STREET ADDRESS	12710 SW 34 STREET		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33175		CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information provided 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 attached sheet with an address. I submit under the undersigned.					
SIGNATURE: <i>[Signature]</i> LAZARO MUNARRIZ 4/24/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

20046179

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FL Zip Code