

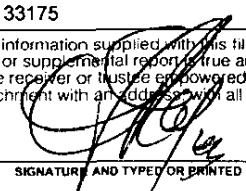


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90015 027 ***150.00

DOCUMENT # 405687 1. Entity Name PAN AMERICAN FROZEN FOODS, INC.					
Principal Place of Business 1496 N.W. 23 STREET MIAMI, FL 33242-7592			Mailing Address 1496 N.W. 23 STREET MIAMI, FL 33242-7592		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072008 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 59-1407314	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div style="width: 30%;"> 9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution </div> <div style="width: 30%;"> \$5.00 May Be Added to Fees </div> </div>					
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN: </div> </div>					
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNARRIZ, LAZARO R.		NAME		
STREET ADDRESS	12710 SW 34 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33175		CITY - ST - ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERRERA, EDUARDO		NAME		
STREET ADDRESS	1541 SW 126 PLACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33184		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNARRIZ, RAQUEL		NAME		
STREET ADDRESS	12710 SW 34 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33175		CITY - ST - ZIP		
TITLE	AVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNARRIZ, RICARDO		NAME		
STREET ADDRESS	1410 MANTUA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33146		CITY - ST - ZIP		
TITLE	AVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ULLOA, ZENaida		NAME		
STREET ADDRESS	14342 SW 43 TERRACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33175		CITY - ST - ZIP		
TITLE	AVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, RAQUEL		NAME		
STREET ADDRESS	12710 SW 34 STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33175		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: X  Lazaro Munarriz 3/28/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					