

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 15, 2004 8:00 am
Secretary of State

02-18-2004 90017 042 ****61.25

DOCUMENT # 725936 1. Entity Name PANAM-NATIONAL RETIREES ASSOC. INC.			
Principal Place of Business 13601 SW 79 COURT MIAMI FL 33156 US		Mailing Address P.O. BOX 523947 MIAMI FL 33152 US	
2. Principal Place of Business 13601 SW 79 CT.		3. Mailing Address	
Suite, Apt. #, etc. MIAMI, FL		Suite, Apt. #, etc.	
City or State MIAMI, FL		City & State	
Zip 33158	Country US	Zip	Country
6. Name and Address of Current Registered Agent HAWKINS, HOWARD H 13601 SW 79 COURT MIAMI FL 33156		7. Name and Address of New Registered Agent Name Robert H. COLLEDGE Street Address (P.O. Box Number is Not Acceptable) 13601 SW 79 COURT MIAMI City FL Zip Code 33158	
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 Robert H. Colledge DATE Mar 10, 2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERRILL, MARKS R 13930 N.W. 14 AVE MIAMI FL 33167-1201	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLEDGE, ROBERT H 13601 SW 79 COURT MIAMI FL 33158	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOYD, LOIS I 1095 DOVE AVE MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVERETT, HELEN 6814 SOUTH WATERWAY DR MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRIDGES, JOHN 13601 SW 79 COURT MIAMI LAKES FL 33016	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIDDALL, BILLIE 4798 SW 2ND ST MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 617, 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: Lois I. Floyd, Treasurer		Date: 2-13-04	