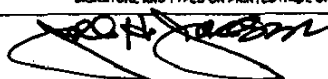


FILED
Apr 04, 2008 8:00 am
Secretary of State

02-06-2008 90028 014 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 725936			
1. Entity Name PANAM-NATIONAL RETIREES ASSOC. INC.			
Principal Place of Business 13601 SW 79 CT. MIAMI, FL 33158 US		Mailing Address P.O. BOX 523947 MIAMI, FL 33152 US	
2. Principal Place of Business - No P.O. Box # 10355 W Lake Drive		3. Mailing Address Suite, Apt. #, etc. Miami	
City & State FL		City & State MIAMI, FL	
Zip 33015		Country US	
4. FEI Number 59-1613868		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLEDGE, ROBERT H 13601 SW 79 COURT MIAMI, FL 33158		7. Name and Address of New Registered Agent Name John H Jackson Street Address (P.O. Box Number is Not Acceptable) 10355 W Lake Drive Miami City FL Zip Code 33015	
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 re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 331671201 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P COLLEDGE, ROBERT H 13601 SW 79 COURT MIAMI, FL 33158 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P John H Jackson 10355 W Lake Drive Miami, FL 33015 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T FLOYD, LOIS I 1095 DOVE AVE MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S EVERETT, HELEN 6814 SOUTH WATERWAY DR MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BRIDGES, JOHN 13601 SW 79 COURT MIAMI LAKES, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GANSERT, EDWARD K 14570 FITZPATRICK RD MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 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: <u>Lois I. Floyd</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-30-08 305-888-8844 Date Daytime Phone #	

 John JACKSON

305 798-1446