2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006089

Entity Name: PC CAPITAL (PANAMA) CORP.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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VIA ESPANA VIA ESPANA

EDIFICIO BANCO DE BOSTON, PISO 8 EDIFICIO BANCO DE BOSTON, PISO 14 PANAMA CITY, PANAMA, SA PANAMA PANAMA CITY, PANAMA, SA PANAMA

Current Mailing Address: New Mailing Address:

C/O FOWLER RODRIGUEZ 355 ALHAMBRA CIRCLE

355 ALHAMBRA CIRCLE STE 801 SUITE 801 CORAL GABLES, FL 33134 CORAL GABLES

CORAL GABLES, FL 33134 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REGISTERED AGENT CORPORATE SERVICES, INC. 355 ALHAMBRA CIRCLE, STE 801

CORAL GABLES, FL 33134 US

REGISTERED AGENT CORPORATE SERVICES, INC. 355 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES, FL 33134 US

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.

SIGNATURE: BETSY PARENTI, ASSIST. SECRETARY 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT () Delete Title: () Change () Addition

 Name:
 ROSALES, BENJAMIN
 Name:

 Address:
 445 GRAND BAY DRIVE APT #418
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

Title: DS () Delete Title: () Change () Addition

 Name:
 GIROTA, GIANA
 Name:

 Address:
 445 GRAND BAY DRIVE APT #418
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 DE SAAVEDRA, MARTA
 Name:

 Address:
 445 GRAND BAY DRIVE APT #418
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN ROSALES P 04/30/2009