

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000570

Entity Name: PANAMERICAN FIBER MARKETING INC.

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

147 ALHAMBRA CIR SUITE 110
CORAL GABLES, FL 33134

New Principal Place of Business:

C/O147 ALHAMBRA CIRCLE
110
CORAL GABLES, FL 33134

Current Mailing Address:

147 ALHAMBRA CIR SUITE 110
CORAL GABLES, FL 33134

New Mailing Address:

C/O147 ALHAMBRA CIRCLE
110
CORAL GABLES, FL 33134

FEI Number: 98-0560068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATECA, JOSE L
C/O CELLULEX INC.
147 ALHAMBRA CIR SUITE 110
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ATECA, JOSE L
4500 MONSERRATE STREET
CORAL GABLES, FL 33146 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:

01/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHAVARRIA, MARCO
Address: 147 ALHAMBRA CIR SUITE 110
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: ATECA, JOSE L
Address: 147 ALHAMBRA CIR SUITE 110
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHAVARRIA, MARCO
Address: C/O 147 ALHAMBRA CIR SUITE 110
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change () Addition
Name: ATECA, JOSE L
Address: 4500 MONSERRATE STREET
City-St-Zip: CORAL GABLES, FL 33146

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: JOSE L. ATECA

S

01/29/2009

Electronic Signature of Signing Officer or Director

Date