2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90272 010 ***150.00 **DOCUMENT #F32643** 1. Entity Name PAN AMERICAN EQUITIES, INC. 14010441 Principal Place of Business Mailing Address 201 SHADY OAKS CL. 201 SHADY OAKS CL. LAKE MARY, FL 32746 LAKE MARY, FL 32746 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4 FEt Number 59-2134613 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Luis E Vergara VERGARA, MARCO A Street Address (P.O. Box Number is Not Acceptable) 342 HANGING MASS CIRCLE 201 Shady Oaks Circle LAKE MARY, FL 32746 City Zip Code Lake Mary 32746 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. ŠIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS DΡ Change Addition TITLE ☐ Delete TITLE NAME VERGARA, LUIS E MARAE 201 SHADY OAKS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DRE ☐ Delete THE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CTY-ST-7P

12. Thereby 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 t am an officer or director of the corporation or the receiver or trustge 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.

NING OFFICER OF DIRECTOR

SIGNATURE:

FILED

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