## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE** 

## Apr 06, 2007 08:00 Al Secretary of State DOCUMENT # F91959 1. Entity Name CONSTRUCCION PAN AMERICANA INTERNATIONAL BUYER'S GUIDE, INC. Principal Place of Business Mailing Address 4913 S.W. 75TH AVENUE 4913 S.W. 75TH AVENUE MIAMI FL 33155-4440 MIAMI FL 33155-4440 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2214238 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUAO, LUIS Street Address (P.O. Box Number is Not Acceptable) 4913 S.W. 75TH AVENUE **MIAMI FL 33155** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delete HILE ☐ Change Addition SUAO, LUIS NAME NAME 000000693911 04/16/07-80059-009 150.00 4913 SW 75TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY-ST-7)P CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SUAO, ADRIANA NAME NAME 4913 S.W. 75TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI FL 33155 CITY - ST - 71P CITY-ST-ZIP IIILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST~7IP CiTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered of 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.

**FILED**