2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006596

Entity Name: PANAMERICAN BANCORP

FILED Mar 30, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
3400 CORA 7TH FLOOI MIAMI, FL	R					
Current Mailing Address:			New Mailir	New Mailing Address:		
3400 CORA 7TH FLOOI MIAMI, FL	R					
FEI Number:	65-0325364	FEI Number Applied For () FEI	Number Not Appli	cable () Co	ertificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of Nev	Registered Agent:	
NICHOLS, 3400 CORA MIAMI, FL	AL WAY					
The above in the State		ubmits this statement for the purpos	se of changing it	s registered offic	e or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	ic Signature of Registered Agent			Date	
Election Carr	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIRECT	TORS:	ADDITION	S/CHANGES TO	OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () PERRONE, STE 1915 BRICKELL MIAMI, FL 3312	. AVE. #706C	Title: Name: Address: City-St-Zip:	() Ch	ange () Addition	
Title: Name: Address: City-St-Zip:	O () FAMADAS, NEL- 1332 ASTURIA CORAL GABLES	AVE	Title: Name: Address: City-St-Zip:	D (X) Ch FAMADAS, NELSO 1332 ASTURIA AVI CORAL GABLES, F	Ξ	
Title: Name: Address: City-St-Zip:	D () CASTRO, HUGO 7411 SW 66 ST MIAMI, FL 3314	L AVENUE	Title: Name: Address: City-St-Zip:	() Ch	ange()Addition	
Title: Name: Address: City-St-Zip:	D () MRINELLO, LEG 600 NE 101 ST MIAMI SHORES	DNARD	Title: Name: Address: City-St-Zip:	D (X) CH MARINELLO, LEON 600 NE 101 ST MIAMI SHORES, F	NARD	
Title: Name: Address: City-St-Zip:	O () PARTRIDGE, JA 3929 GRANADA CORAL GABLES	BLVD	Title: Name: Address: City-St-Zip:	D (X) CH PARTRIDGE, JAMI 3929 GRANADA BI CORAL GABLES, F	_VD	
Title: Name: Address: City-St-Zip:	D () CALIENDO, SAN 770 NE 74TH ST BOCA RATON, F	ī	Title: Name: Address: City-St-Zip:	GOLDEN, MICHAE	GHWAY,SUITE #111	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT NICHOLS CFO 03/30/2005