2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# F98000001244

Entity Name: PANAMEDICAL LTDA, CO.

Current Principal Place of Business:

9781 NW 25TH CT.
#2
FT. LAUDERDALE, FL 33322

New Principal Place of Business:

Current Mailing Address:

9781 NW 25TH CT.
#2
FT. LAUDERDALE, FL 33322

New Mailing Address:

FEI Number: 59-3518589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALZATE, RUBEU D
9781 NW 25TH CT.
FT. LAUDERDALE, FL 33322 US

Name and Address of New Registered Agent:

ALZATE, RUBEN D
9781 NW 25TH CT.
FT. LAUDERDALE, FL 33322 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: RUBEN D ALZATE 01/12/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: DE GOMEZ, FABIOLA G
Address: CALLE 13 #32418 ACOPI
City-St-Zip: YUMBO COLOMBIA,

Title: VP ( ) Delete
Name: WIEDWAU, JACOBO
Address: CALLE 13 #32418 ACOPI
City-St-Zip: YUMBO COLOMBIA,

Title: VPS ( ) Delete
Name: GIL, PAULA A
Address: CALLE 13 #32418 ACOPI
City-St-Zip: YUMBO COLOMBIA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RUBEN D ALZATE RA 01/12/2005
Electronic Signature of Signing Officer or Director Date