2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # G54023 PAN AIR LOGISTICS, INC. Principal Place of Business Mailing Address P 0 BOX 267518 P 0 BOX 267518 WESTON, FL 33326 WESTON, FL 33326 US 02152006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2361400 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBLEDO, ANTHONY DO NOT WRITE 8180 NW 36 ST STE 100 MIAMI, FL 33166 IN THIS SPACE 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 reinstating) 1/00000509382 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be 04/28/06-80041-018 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PST PRICE, WALTER S NAME STREET ADDRESS P O BOX 268518 WESTON, FL 33178 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TRUE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if chapter on an attachment with an address, with all other treatments. changed, or on an attachment with an address,

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-782

4-66-06