

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED 2006
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # J70995
1. Entity Name
MINERIA PAN-AMERICANA, INC.



Principal Place of Business
**4913 SW 75 AVE
MIAMI FL 33155-4440
US**

Mailing Address
**4913 SW 75 AVE
MIAMI FL 33155-4440
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2846426** Applied For
Not Applied

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
**SUAO, LUIS
4913 SW 75 AVE
MIAMI FL 33155-4440**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 Max Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	SUAO, LUIS	
STREET ADDRESS	4913 SW 75 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ Delete
NAME	SUAO, ADRIANA	
STREET ADDRESS	4913 SW 75 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000488721
04/17/06-80018-012 150.00

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SECRETARY/TREASURER
ADRIANA SUA0 3/31/06 (305) 668-4911