

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K63216

1. Entity Name
PAN AMERICAN GROUP, INC.



Principal Place of Business
**2100 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134**

Mailing Address
**2199 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134**

2. Principal Place of Business
**150 Alhambra Circle
Suite, Apt. #, etc.
Suite # 925**

3. Mailing Address
**150 Alhambra Circle
Suite, Apt. #, etc.
Suite # 925**

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
US

Zip
33134

Country
US

03242005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0101318

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145**

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 *[Signature]* **AMADA CANTERA LOPEZ, President** **1/27/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LOPEZ-CANTERA, CARLOS C 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SV LOPEZ-CANTERA, AMADA 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LOPEZ-CANTERA, MARTA L 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 925 Coral Gables, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 925 Coral Gables, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 925 Coral Gables, FL 33134 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 50005403470 05/09/05--01008--004 **[50.00] |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person 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 the address, with all other like empowered.

SIGNATURE: *[Signature]*
CARLOS C. LOPEZ CANTERA, PRESIDENT

1/27/05 305-461-0563
Date Daytime Phone #

FILED
05 MAY -2 PM 5: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

