


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90067 005 ****50.00

DOCUMENT # L02000034873 1. Entity Name PANAMERICANA PUBLISHING, LLC	
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Principal Place of Business

10800 NW 21 ST
UNIT 120
MIAMI, FL 33172

Mailing Address

10800 NW 21 ST
UNIT 120
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE



04262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
90-0075136

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, OMAR
10800 NW 21 ST
UNIT 120
MIAMI, FL 33172

**DO NOT WRITE
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)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PEREZ, OMAR
STREET ADDRESS	10800 NW 21 ST UNIT 120
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	MGRM
NAME	ROJAS, FERNANDO
STREET ADDRESS	10800 NW 21 ST UNIT 120
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	MGRM
NAME	RUIZ, CARLOS F
STREET ADDRESS	10800 NW 21 ST UNIT 120
CITY-ST-ZIP	MIAMI, FL 33172

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-25-04 (305) 4367244

Date

Daytime Phone #