



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L03000038326</b>						<b>FILED</b> <b>05 MAY -2 PM 5:00</b> <b>SECRETARY OF STATE</b> <b>ALLAHASSEE, FLORIDA</b>	
<b>1. Entity Name</b> PAN AMERICAN HOLDINGS, LLC							
<b>Principal Place of Business</b> 2199 PONCE DE LEON BLVD., STE. 200 MIAMI, FL 33134		<b>Mailing Address</b> 2199 PONCE DE LEON BLVD., STE. 200 MIAMI, FL 33134					
<b>2. Principal Place of Business</b> Suite, Apt. #, etc. 150 Alhambra Circle 925		<b>3. Mailing Address</b> Suite, Apt. #, etc. 150 Alhambra Circle 925					
<b>City &amp; State</b> Coral Gables, FL Zip 33134 Country Dade		<b>City &amp; State</b> Coral Gables, FL Zip 33134 Country Dade		<b>4. FEI Number</b> 77-0616760		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b> DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, STE. 103 MIAMI, FL 33145				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOPEZ-CANTERA, CARLOS C 2199 PONCE DE LEON BLVD., STE. 200 MIAMI, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. 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 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.</b>							
<b>SIGNATURE:</b> _____				Date <b>4/28/05</b> Daytime Phone # <b>305-850-0050</b>			