

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 23, 2005 8:00 am**  
**Secretary of State**

06-23-2005 90051 016 \*\*\*\*50.00

**DOCUMENT # L04000058474**

1. Entity Name  
**PAN-AMERICAN CONSULTING, LLC**



Principal Place of Business  
**7601 EAST TREASURE DRIVE, #509  
MIAMI, FL 33141**

Mailing Address  
**7601 EAST TREASURE DRIVE, #509  
MIAMI, FL 33141**

2. Principal Place of Business  
**5701 Collins Ave**

3. Mailing Address  
**5701 Collins Ave**

Suite, Apt. #, etc.  
**#1014**

Suite, Apt. #, etc.  
**#1014**

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach, FL**

Zip Country  
**33140 USA**

Zip Country  
**33140 USA**

05172005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**30-1496660**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

**MATO, MIGUEL  
7601 EAST TREASURE DRIVE, #509  
MIAMI, FL 33141**

**7. Name and Address of New Registered Agent**

Name **MATO Miguel**  
Street Address (P.O. Box Number is Not Acceptable)  
**5701 Collins Ave**  
Suite **1014**  
City **Miami Beach** FL Zip Code **33140**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**6-20-05**  
DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SILVA, GUSTAVO  
7601 EAST TREASURE DRIVE, #509  
MIAMI, FL 33141** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SILVA, GUSTAVO  
5701 Collins Ave #1014  
Miami Beach, FL 33140** ☒ Change ☐ Addition

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

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☐ Change ☐ Addition

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.

**SIGNATURE:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**6-20-05** **305.879.3687**  
Date Daytime Phone #