

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90058 046 ***150.00

DOCUMENT # L07244

1. Entity Name
PAN AMERICAN RIFLE AND PISTOL CLUB, INC.



Principal Place of Business
**CO ALLEN HIRSH
706 NW 87 AVE #412
MIAMI, FL 33172 US**

Mailing Address
**CO ALLEN HIRSH
706 NW 87 AVE #412
MIAMI, FL 33172 US**

40012443



01282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HIRSH, ALLEN
706 N.W. 87 AVE #412
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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P CARPIO, JOSEPH 611 SW 45 AVE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SONNENBLICK, MICHAEL 301 SW 135 AVE APT #103 PEMBROKE PINES, FL 33027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HIRSH, ALLEN 706 NW 87 AVE. #142 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY MOTORRI, RENE 800 DOUGLAS RD #219 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Allen Hirsh

ALLEN HIRSH

1/29/07

305-223-4757