

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | P |
| NAME | CARPIO, JOSEPH |
| STREET ADDRESS | 611 SW 45 AVE |
| CITY-ST-ZIP | MIAMI, FL 33134 |
| TITLE | DV |
| NAME | SONNENBLICK, MICHAEL |
| STREET ADDRESS | 301 SW 135 AVE APT #103 |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33027 |
| TITLE | DST |
| NAME | HIRSH, ALLEN |
| STREET ADDRESS | 706 NW 87 AVE. #142 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | S |
| NAME | SOTORRIO, RENE |
| STREET ADDRESS | 800 DOUGLAS RD #219 |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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**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:

Allen Hirsh ALLEN HIRSH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/08

Date

305-223-4751

Daytime Phone #