2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # L50094

PAN AMERICAN REAL ESTATE AND INVESTMENT COMPANY, INC.



Jan 18, 2005 08:00 AM Secretary of State

FILED

Principal Place of Business C/O CINCENT DELALLA 1170 HALLSBORO MILE, STE, 101 HILLSBORO BEACH, FL 33062 Mailing Address C/O CINCENT DELALLA 1170 HILLSBORO MILE, STE. 101 HILLSBORO BEACH, FL 33062

01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

4. FEI Number

65-0174455

Applied For Not Applicable \$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DELALLA, VINCENT J 1170 HILLSBORO MILE SUITE 101 HILLSBORO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE

the obligati	named entity submits this statement for the poons of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title Y applicable (NOTE, Registered Agent signature required when reinstating) DATE						
File Now!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000183774 01/20/05-80003-005 1	50.00
10.	ÖFFIČERŠ AND DIREC	TORS		. ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELALLA, VINCENT J 1170 HILLSBORO MILE HILLSBORO BEACH, FL 33062					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELALLA, ELLEN T 1170 HILLSBORO MILE HILLSBORO BEACH, FL 33082			,		·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ACCRESS CITY-ST-ZIP					tanden et al.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. 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 or supplied ential report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director						

of the corporation of the receiver of 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:

1014.05

14-698-049)