## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 24, 2004 8:00 am DOCUMENT # M01363 **Secretary of State** 1. Entity Name 03-24-2004 90009 024 \*\*\*158.75 PANROTAS INTERNATIONAL, INC. Principal Place of Business Mailing Address 201 SO. BISCAYNE BLVD. 1500 MIAMI CENTER, SUITE 1600(JDW) 10000 N.W. 9TH STREET UNIT #21 MIAMI FL 33131 MIAMI FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 4. FEI Number 59-2426734 Not Applicable Zip Country Country \$8.75 Additional 囡 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. BISCAYNE BLVD. 1600 MIAMI CENTER(JDW)5 MIAMI FL 33131 City Zip Code 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, typed or printed name of registered agent and title if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE ☐ Delete TITLE Change ☐ Addition ALCORTA, JOSE G.C. NAME NAME STREET ADDRESS 1111 CRANDON BLVD STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ALCORTA, JOSE G.C. NAME 1111 CRANDON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition DAMIANY-CHALVIRE: HELENE-NAME STREET ADDRESS 1111 CRANDON BLVD. STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

FILED

SIGNATURE: H. DAMI ANY-CHALVINE AS DIRECTOR MARCH 22, 2004 227-1292