

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90022 044 \*\*\*158.75

**DOCUMENT # M01363**

1. Entity Name  
**PANROTAS INTERNATIONAL, INC.**



Principal Place of Business  
201 SO. BISCAYNE BLVD.  
1500 MIAMI CENTER, SUITE 1600(JDW)  
MIAMI, FL 33131

Mailing Address  
10000 N.W. 9TH STREET  
UNIT #21  
MIAMI, FL 33172 US

40016407



2. Principal Place of Business		3. Mailing Address <b>10000 NW 9 STREET CIRCLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>UNIT # 21</b>	
City & State		City & State <b>MIAMI, FL</b>	
Zip	Country	Zip	Country
		<b>33172</b>	<b>USA</b>

01062005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2426734**

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

6. Name and Address of Current Registered Agent  
**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER(JDW)5  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ALCORTA, JOSE G.C. 1111 CRANDON BLVD KEY BISCAYNE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10000 NW 9 STREET CIRCLE, #21 MIAMI, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALCORTA, JOSE G.C. 1111 CRANDON BLVD KEY BISCAYNE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10000 NW 9 STREET CIRCLE, #21 MIAMI, FL 33172</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAMIANY-CHALVIRE, HELENE 1111 CRANDON BLVD. KEY BISCAYNE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10000 NW 9 STREET CIRCLE, #21 MIAMI, FL 33172</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: H. Damiany-Chalvire **H. DAMIANY-CHALVIRE AS DIRECTOR** 2/09/05 305. 223-1292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #