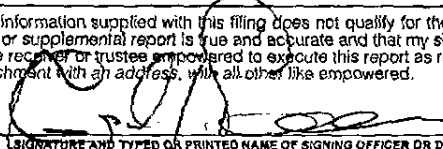


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004561			
1. Entity Name PAN AMERICAN INSTITUTE FOR DEMOCRACY, INC.			
Principal Place of Business 9835 SW SUNSET DRIVE 210 MIAMI, FL 33172	Mailing Address 9835 SW SUNSET DRIVE 210 MIAMI, FL 33172		
DO NOT WRITE IN THIS SPACE			
		01262006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 73-1671558	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FERRER, ANGEL J 9835 SW SUNSET DRIVE 210 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 _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
		000000419141 02/14/06-80035-015 61.25	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERRER, ANGEL J 9835 SW SUNSET DRIVE STE #210 MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST REYES, ORLANDO 9835 SW SUNSET DRIVE STE #210 MIAMI, FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, PEDRO 9820 SW 49 STREET MIAMI, FL 33165		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 617, 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: 		1/27/06 305-383-5516	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	