

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007309

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: ASOCIACION PAN Y AMOR, INC.

## Current Principal Place of Business:

2730 S.W. 3RD AVENUE  
SUITE 800  
MIAMI, FL 33129

## New Principal Place of Business:

## Current Mailing Address:

2730 S.W. 3RD AVENUE  
SUITE 800  
MIAMI, FL 33129

## New Mailing Address:

FEI Number: 20-5274742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOMARRIBA, ANA CAROLINA  
750 ALLENDALE RD.  
KEY BISCAYNE, FL 33149      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: SOMARRIBA, MARIA PATRICIA  
Address: 255 E. ENID DR.  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D      ( ) Delete  
Name: SOMARRIBA, ANA CAROLINA  
Address: 750 ALLENDALE RD.  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D      ( ) Delete  
Name: PORRO, LOURDES  
Address: 875 N.E. DAHOON TER.  
City-St-Zip: JENSEN BEACH, FL 34957

Title: D      ( ) Delete  
Name: LOWMAN, ROBERT M  
Address: 2730 S.W. 3RD AVE., SUITE 800  
City-St-Zip: MIAMI, FL 33129

Title: D      ( ) Delete  
Name: SOMARRIBA, CHARLOTTE  
Address: CASA NUMERI 48, REPARTO MONTE FRESCO KM15  
City-St-Zip: 1/2 SUR, MANAGUA, NICARAGUA,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M LOWMAN

DIR

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date