2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PANAMANIAN ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

537 SUMMER BREEZE DR. N.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

537 SUMMER BREEZE DR. N.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMUELS, ROBERTO
537 SUMMER BREEZE DR. N.
JACKSONVILLE, FL 32218 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: P
Name: SAMUELS, ROBERTO
Address: 537 SUMMER BREEZE DR. N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP
Name: BUTCHER, FRANKIE J
Address: 200 HODGES BLVD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: S
Name: RODRIGUEZ, ELIZABETH
Address: 12526 BRAHMA BULL CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32226

Title: T
Name: COX, BERES
Address: 12728 CHANDLER VIEW CT.
City-St-Zip: JACKSONVILLE, FL 32218

Title: F
Name: GORDON, YOLANDA
Address: 12400 NESTING EAGLE WEG.
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: ROBERTO R. SAMUELS P 04/01/2010

Electronic Signature of Signing Officer or Director — Date