

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000211

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** PANAM ACADEMIC NETWORK INC

**Current Principal Place of Business:**

2535 JARDIN LANE  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 268121  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 26-1817545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRATHWAITE, JORGE  
2535 JARDIN LANE  
WESTON, FL 33327 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: PD  
Name: BRATHWAITE, JORGE  
Address: 2535 JARDIN LANE  
City-St-Zip: WESTON, FL 33327

Title: S  
Name: PETERS, YOLANDA  
Address: 26386 GUAYAQUIL DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D  
Name: HIBBERT, GEORGE  
Address: 219 OVERLOOK DR.  
City-St-Zip: DALLAS, GA 30157

Title: T  
Name: PRESCOTT, REINALDO  
Address: 1061 CRAMER CT  
City-St-Zip: BALDWIN, NY 11519

Title: D  
Name: WOOD, SANTIAGO  
Address: 3900 GALT OCEAN DR.  
City-St-Zip: FT LAUDERDALE, FL 33308

Title: D  
Name: SMITH, JAVAN  
Address: 1265 15 TH STREET # 3F  
City-St-Zip: FORT LEE,, NJ 07024

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: JORGE BRATHWAITE

PRES

02/10/2010

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

\_\_\_\_\_  
Date