

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

DOCUMENT# N09000001079

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** PANAFLORI, INC.

**Current Principal Place of Business:**

4639 HAZELGROVE DRIVE  
ORLANDO, FL 32818

**New Principal Place of Business:**

13485 EARLY FROST CRICLE  
ORLANDO, FL 32828

**Current Mailing Address:**

4639 HAZELGROVE DRIVE  
ORLANDO, FL 32818

**New Mailing Address:**

P.O. BOX 157  
OCOE, FL 34761 US

**FEI Number:** 26-4221578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOLLIFFE, ROBERT  
4639 HAZELGROVE DRIVE  
ORLANDO, FL 32818 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: BRATHWAITE, CARLOS  
Address: 608 SPRUCEWOOD CIRCLE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T  
Name: JOLLIFFE, ROBERT  
Address: 4639 HAZELGROVE DRIVE  
City-St-Zip: ORLADNO, FL 32818

Title: BM  
Name: VALMON, FEDERICO  
Address: 1409 DANIELE CUBE DRIVE  
City-St-Zip: WINTER GARDEN, FL 34787

Title: ABM  
Name: GORDON, SEGISMUND  
Address: 2561 AULD SCOTT BLVD.  
City-St-Zip: ORLANDO, FL 32818

Title: S  
Name: LOPEZ, CYRIL  
Address: 13485 EARLY FROST CIRCLE  
City-St-Zip: ORLANDO, FL 32828

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:** ROBERT JOLLIFFE

T

04/29/2010

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

\_\_\_\_\_  
Date