

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37751

FILED
Feb 25, 2009
Secretary of State

Entity Name: PAN AMERICAN ROUND TABLE OF MIAMI, INC.

Current Principal Place of Business:

9122 SW 142 PATH
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 440828
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0247411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASTOS-ACEBO, OMNIS
8788 SW 8TH ST
MIAMI, FL 331743201 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 () Delete
Name: VELEZ, ANNE B
Address: 9122 SW 142 PATH
City-St-Zip: MIAMI, FL 33186 US

Title: TD () Delete
Name: LOPEZ, JEANNETTE
Address: 12119 SW 137TH TERRACE
City-St-Zip: MIAMI, FL 33186 US

Title: VD () Delete
Name: APONTE-USS, VIANEY
Address: 17425 SW 245 TERRACE
City-St-Zip: MIAMI, FL 33031 US

Title: SD () Delete
Name: COURTIN, MARIA
Address: 13410 SW 111 TERRACE
City-St-Zip: MIAMI, FL 33186 US

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: SD (X) Change () Addition
Name: LEIVA, YADIRA
Address: 10201 SW 162 COURT
City-St-Zip: MIAMI, FL 33186 US

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: OMNIS B. ACEBO

RA

02/25/2009

Electronic Signature of Signing Officer or Director

Date