


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90147 049 ****61.25

DOCUMENT # N38464	
1. Entity Name	
PANAMANIAN AMERICAN ASSOCIATION OF FLORIDA INC.	

Principal Place of Business	Mailing Address
P.O. BOX 141173 CORAL GABLES FL 33114-1173	P.O. BOX 141173 CORAL GABLES FL 33114-1173

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number		Applied For	
65-0200522		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUSSA, RICARDO A. 15490 S2 57TH ST. MIAMI FL 33193		Name <u>Amelia C. Spooner</u> Street Address (P.O. Box Number is Not Acceptable) <u>19823 SW 118 AVENUE</u> City <u>MIAMI</u> FL <u>33177</u>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Amelia C. Spooner (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Delete	P	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUSSA, RICARDO	NAME	WENDELL A JAMES
STREET ADDRESS	15490 SW 57TH STREET	STREET ADDRESS	18820 NW 29th place
CITY-ST-ZIP	MIAMI FL 33193	CITY-ST-ZIP	MIAMI FL 33056
TITLE <input checked="" type="checkbox"/> Delete	V	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAYTON, ROLAND	NAME	Amelia C SPOONER
STREET ADDRESS	1906 N 45TH AVENUE	STREET ADDRESS	19823 SW 118 AVENUE
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	MIAMI FL 33177
TITLE <input checked="" type="checkbox"/> Delete	T	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPOONER, AMELIA	NAME	RICARDO MUSSA
STREET ADDRESS	199863 SW 110TH AVENUE	STREET ADDRESS	5111 SW 163rd Court
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	MIAMI FL 33185
TITLE <input checked="" type="checkbox"/> Delete	S	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, FELICIA	NAME	DIANA DRAYTON
STREET ADDRESS	2742 NW 202 TERR	STREET ADDRESS	1906 N 45th AVE
CITY-ST-ZIP	CAROL CITY FL 33056	CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amelia C. Spooner 4/6/04 305-282-9207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #