

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90085 026 \*\*\*\*61.25

**DOCUMENT # N40842**

1. Entity Name  
**PANAMERICAN ALLIANCE FOR ART, CULTURE AND  
INDUSTRY, INC.**



Principal Place of Business  
**SOUTHWEST FLORIDA  
1403 ELAINE AVE N  
LEHIGH ACRES, FL 33971**

Mailing Address  
**1403 ELAINE AVE N  
LEHIGH ACRES, FL 33971**

**50033175**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0226722**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRICE, GRACIELA  
1403 ELAINE AVE  
LEHIGH ACRES, FL 33971**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME PRICE, GLENN  
STREET ADDRESS 1403 ELAINE AVE. N  
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE PD ☒ Change ☐ Addition  
NAME **GRACIELA PRICE, GRACIELA**  
STREET ADDRESS **1403 ELAINE AVE. N.**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

TITLE VD ☒ Delete  
NAME ZWEBER, SARA M  
STREET ADDRESS 13036 TALL PINE CIRCLE  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE VD ☒ Change ☐ Addition  
NAME **ZAK, SARA**  
STREET ADDRESS **1221 SE 43RD TERRACE**  
CITY-ST-ZIP **CAPE CORAL, FL**

TITLE SD ☒ Delete  
NAME YEPES, ANA  
STREET ADDRESS 14340 BRISTOL BAY PLACE, APT 106  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE SD ☒ Change ☐ Addition  
NAME **ZWEBER, SARA M.**  
STREET ADDRESS **13036 TALL PINE CIRCLE**  
CITY-ST-ZIP **FT. MYERS, FL 33907**

TITLE D ☒ Delete  
NAME ZAK, SARA  
STREET ADDRESS 1221 SE 43RD TERR  
CITY-ST-ZIP CAPE CORAL, FL

TITLE D ☒ Change ☐ Addition  
NAME **PRICE, GLENN**  
STREET ADDRESS **1403 ELAINE AVE N.**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33971**

TITLE TD ☒ Delete  
NAME PRICE, GRACIELA  
STREET ADDRESS 3603 9TH ST SW  
CITY-ST-ZIP LEHIGH ACRES, FL

TITLE TD ☒ Change ☐ Addition  
NAME **SCHAUER, DILYA**  
STREET ADDRESS **1625 S.E. 14TH LANE**  
CITY-ST-ZIP **CAPE CORAL, FL 33990**

TITLE D ☒ Delete  
NAME ZWEBER, SARA M  
STREET ADDRESS 13036 TALL PINE CIR.  
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE D ☒ Change ☐ Addition  
NAME **YEPES, ANA**  
STREET ADDRESS **14340 BRISTOL BAY PLACE, APT. 106**  
CITY-ST-ZIP **FT. MYERS, FL 33907**

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:

*Graciela Price* - GRACIELA PRICE

3/30/05

(39) 360-8392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #