

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90003 015 ****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**

40043630



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

03272006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0226722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**PRICE, GRACIELA
1403 ELAINE AVE
LEHIGH ACRES, FL 33971**

7. Name and Address of New Registered Agent
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, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRICE, GRACIELA 1403 ELAINE AVE N LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAK, SARA 1221 SE 43RD TERR CAPE CORAL, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZWEBER, SARA M 13036 TALL PINE CIRCLE FORT MYERS, FL 33907	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, GLENN 1403 ELAINE AVE N LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHAUER, DILYA 1625 SE 19TH LANE CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YEPES, ANA 14340 BRISTOL BAY PLACE, APT 106 FORT MYERS, FL 33907	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARA ZAK 1221 S.E. 43RD TERRACE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLENN PRICE 1403 ELAINE AVE. N. LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEATRIZ MORA 1806 S.E. 21ST STREET CAPE CORAL, FL 33990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRACIELA PRICE 1403 ELAINE AVE. N. LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLENN PRICE

4/3/06

Date

(863) 74-4041 x133

Daytime Phone #