


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90029 035 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0226722	
5. Certificate of Status Desired <input type="checkbox"/>				\$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	
				State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, GRACIELA		NAME		
STREET ADDRESS	1403 ELAINE AVE N		STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAK, SARA		NAME		
STREET ADDRESS	1221 SE 43RD TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZWEBER, SARA M		NAME		
STREET ADDRESS	13036 TALL PINE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRICE, GRACIELA		NAME	VPD VICE PRESIDENT	
STREET ADDRESS	1403 ELAINE AVE N		STREET ADDRESS	PRICE, GLENN	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP	1403 ELAINE AVE. N.	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORA, BEATRIZ		NAME		
STREET ADDRESS	1806 S.E. 21ST ST		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YEPES, ANA		NAME		
STREET ADDRESS	14340 BRISTOL BAY PLACE, APT 106		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
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: GRACIELA PRICE <i>Graciela Price</i>			3/21/07 (239) 364-8392		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

6002781b



03202007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0226722
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State **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.

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, GRACIELA		NAME	
STREET ADDRESS	1403 ELAINE AVE N		STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAK, SARA		NAME	
STREET ADDRESS	1221 SE 43RD TERR		STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEBER, SARA M		NAME	
STREET ADDRESS	13036 TALL PINE CIRCLE		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, GRACIELA		NAME	VPD VICE PRESIDENT
STREET ADDRESS	1403 ELAINE AVE N		STREET ADDRESS	PRICE, GLENN
CITY-ST-ZIP	LEHIGH ACRES, FL 33971		CITY-ST-ZIP	1403 ELAINE AVE. N.
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORA, BEATRIZ		NAME	
STREET ADDRESS	1806 S.E. 21ST ST		STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEPES, ANA		NAME	
STREET ADDRESS	14340 BRISTOL BAY PLACE, APT 106		STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	

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: GRACIELA PRICE *Graciela Price* **3/21/07** **(239) 364-8392**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #