


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N40842</b> 1. Entity Name <b>PANAMERICAN ALLIANCE FOR ART, CULTURE AND INDUSTRY, INC.</b>	
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Principal Place of Business <b>SOUTHWEST FLORIDA 1403 ELAINE AVE N LEHIGH ACRES, FL 33971</b>	Mailing Address <b>1403 ELAINE AVE N LEHIGH ACRES, FL 33971</b>
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04172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0226722</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

U00000911358  
05/07/08-80037-015 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PRICE, GRACIELA 1403 ELAINE AVE N LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ZAK, SARA 1221 SE 43RD TERR CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZWEBER, SARA M 13036 TALL PINE CIRCLE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PRICE, GLENN 1403 ELAINE AVE N LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORA, BEATRIZ 1806 S.E. 21ST ST CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YEPES, ANA 14340 BRISTOL BAY PLACE, APT 106 FORT MYERS, FL 33907

**DO NOT WRITE  
IN THIS SPACE**

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:**  **GLENN PRICE** 4/16/08 (239) 369-8392  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #