

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40842

FILED  
Mar 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

SOUTHWEST FLORIDA  
1403 ELAINE AVE N  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

**Current Mailing Address:**

1403 ELAINE AVE N  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

PANAMERICAN ALLIANCE  
1403 ELAINE AVE N  
LEHIGH ACRES, FL 33971

**FEI Number:** 65-0226722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: PRICE, GRACIELA  
Address: 1403 ELAINE AVE N  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: PD ( ) Delete  
Name: ZAK, SARA  
Address: 1221 SE 43RD TERR  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: ZWEBER, SARA M  
Address: 13036 TALL PINE CIRCLE  
City-St-Zip: FORT MYERS, FL 33907

Title: VD ( ) Delete  
Name: PRICE, GLENN  
Address: 1403 ELAINE AVE N  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: D ( ) Delete  
Name: MORA, BEATRIZ  
Address: 1806 S.E. 21ST ST  
City-St-Zip: CAPE CORAL, FL 33990

Title: D ( ) Delete  
Name: YEPES, ANA  
Address: 14340 BRISTOL BAY PLACE, APT 106  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRACIELA PRICE

TD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date