

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40842

**FILED**  
**Mar 30, 2011**  
**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:**

PANAMERICAN ALLIANCE  
1403 ELAINE AVE N  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

**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  
Name: PRICE, GRACIELA  
Address: 1403 ELAINE AVE N  
City-St-Zip: LEHIGH ACRES, FL 33971

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

Title: SD  
Name: PRICE, GLENN  
Address: 1403 ELAINE AVE N  
City-St-Zip: LEHIGH ACRES, FL 33971

Title: VD  
Name: ST MARTIN, ANN  
Address: 400 HARRY AVE N  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby 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 all other like empowered.

SIGNATURE: GRACIELA PRICE

TD

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date