

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90108 044 ****70.00

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1. Entity Name
PANAMA SOBERANA CORPORATION



Principal Place of Business
**2773 CHADDSFORD CIR
107
OVIEDO, FL 32765**

Mailing Address
**2773 CHADDSFORD CIR
107
OVIEDO, FL 32765**



2. Principal Place of Business

**2734 CHADDSFORD CIRCLE
Suite, Apt. #, etc.
#104**

3. Mailing Address

**2734 CHADDSFORD CIRCLE
Suite, Apt. #, etc.
#104**

03152005 Chg-NP CR2E037 (10/03)

City & State

OVIEDO, FLORIDA

City & State

OVIEDO,

Zip
32765

Country
USA

Zip
32765

Country
USA

4. FEI Number
59-3170798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LINARES, RUBEN
2773 CHADDSFORD CIR
107
OVIEDO, FL 32765**

7. Name and Address of New Registered Agent

Name **SAME**
Street Address (P.O. Box Number is Not Acceptable)
2734 CHADDSFORD CIRCLE, #104
City **OVIEDO** FL Zip Code **32765**

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, 2005**

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 VP
NAME LINARES, RUBEN ☐ Delete
STREET ADDRESS 2773 CHADDSFORD CIR # 107
CITY-ST-ZIP OVIEDO, FL 32765

TITLE VP
NAME BOUTEMAYOR, TOMAQ ☐ Delete
STREET ADDRESS 1513 S KISTK MAN RD #2115
CITY-ST-ZIP ORLANDO, FL 32811

TITLE CM
NAME LUCKONCHANG, CARLOS ☐ Delete
STREET ADDRESS 12131 CALABOOSE CT
CITY-ST-ZIP ORLANDO, FL 32828

TITLE TD ☒ Delete
NAME STEWART, BORIS
STREET ADDRESS 13516 GLASSER AVE
CITY-ST-ZIP ORLANDO, FL 32826

TITLE D ☒ Delete
NAME WHEELER, LEO
STREET ADDRESS 7561 DOCKSIDE ST
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE PD ☒ Delete
NAME PADILLA, ROY
STREET ADDRESS 2773 CHADDSFORD CIR 3 107
CITY-ST-ZIP OVIEDO, FL 32765

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V/S/D ☒ Change ☐ Addition
NAME LINARES, RUBEN
STREET ADDRESS 2734 CHADDSFORD CIRCLE, #104
CITY-ST-ZIP OVIEDO, FL 32765

TITLE T/M/C ☒ Change ☐ Addition
NAME MONTEMAYOR, TOMAS
STREET ADDRESS 627 MAYA SUSAN LOOP
CITY-ST-ZIP APOPKA, FL 32712

TITLE P/D ☒ Change ☐ Addition
NAME LUCKONCHANG, CARLOS
STREET ADDRESS 13824 OLD DOCK ROAD
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TOMAS MONTEMAYOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 6, 2005 (407) 595-4977
Date Daytime Phone #