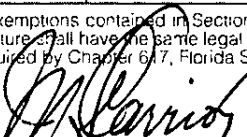


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 A
Secretary of State

DOCUMENT # N94000002216 1. Entity Name PAN AMERICAN ROUND TABLE OF THE TREASURE COAST INC.					
Principal Place of Business 1322 SW CEDAR COVE PORT SAINT LUCIE FL 34986 US			Mailing Address PO BOX 175 PALM CITY FL 34991 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E037 (10/07)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0507769				Applied For ☐ No: Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROZON, NANCY 1322 SW CEDAR COVE PORT SAINT LUCIE FL 34986			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ (NOTE: Registered Agent signature is required when re-appointing) DATE _____					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAZON, NANCY 1322 SW CEDAR COVE PORT SAINT LUCIE FL 34986 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GREENE, JULIETA 991 NW FRESCO WAY #107 JENSEN BEACH FL 34957 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000816312 ☐ Change ☐ Addition 02/14/08-80045-008 61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CARRION, MARIALUISA 3390 SE EAST SNOW RD PORT SAINT LUCIE FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS BRYSON, ISABEL 734 SE ESSEX DRIVE PORT SAINT LUCIE FL 34984 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS PETERSON, MARIA T 1997 SW STRATFORD WAY PALM CITY FL 34990 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEVIA, ELA 3538 SW RIVERA ST PORT SAINT LUCIE FL 34953 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marialuisa Carrion, Treasurer  2/1/2008 : 772-871-2651					