


**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N96000003923</b> 1. Entity Name <b>GRUPO FOLKLORICO PANAMA, INC.</b>			
Principal Place of Business <del>3120 W. HALLANDALE BEACH BLVD.                  # 813                  PEMBROKE PARK, FL 33009 US</del>		Mailing Address <del>3120 W. HALLANDALE BEACH BLVD.                  # 813                  PEMBROKE PARK, FL 33009 US</del>	
2. Principal Place of Business - No P.O. Box # <b>3173 West 73 Pl</b>		3. Mailing Address <b>3173 West 73 Pl</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hialeah Gardens, FL</b>		City & State <b>Hialeah Gardens</b>	
Zip <b>33018</b>		Zip <b>33018</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>65-0684848</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAVENEAU, DELIA                  3120 W. HALLANDALE BEACH BLVD.                  # 813                  PEMBROKE PARK, FL 33009</b>		7. Name and Address of New Registered Agent Name <b>Roger Carrillo</b> Street Address (P.O. Box Number is Not Acceptable) <b>3173 West 73 Pl</b> City <b>Hialeah Gardens</b> FL Zip Code <b>33018</b>	
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 _____			
<b>Filing Fee is \$61.25                  Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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	PD CARRILLO, ROGER M.D. 1411 NE 102 STREET MIAMI SHORES, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PAEZ, GLORIELA 3173 WEST 73 PLACE HIALEAH GARDENS, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAUSHEER, THAYRA 10822 143RD COURT MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JURADO, NURIS 7930 NW 179 STREET MIAMI, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>6/08/07</b> Daytime Phone # <b>305-674-2782</b>	