

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90020 019 \*\*\*\*61.25

<b>DOCUMENT # N96000005861</b>					
<b>1. Entity Name</b> ASOCIACION PANAMENO-AMERICANA DE ASISTENCIA SOCIAL, INC.					
<b>Principal Place of Business</b> 6405 NW 36 STREET 228 MIAMI, FL 33156 US			<b>Mailing Address</b> 6405 NW 36 STREET 228 MIAMI, FL 33156 US		
<b>2. Principal Place of Business</b> S/A		<b>3. Mailing Address</b> S/A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132005 Chg-NP CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 65-0709498	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  ENDARA, IRMA GRIMALDO 6405 NW 36 STREET 228 MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> ENDARA, IRMA GRIMALDO 9814 SW 133 CT. MIAMI, FL 33186	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> HALPHEN, LICIA G 15625 SWE 47 TER. MIAMI, FL 33185	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> JUAREZ, MICDALIAH 6865 GIENNEAGLE DR. MIAMI LAKES, FL 33014	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> RIBA, ROXANNA 7010 NW 50 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> ALAMEDA, NUBIA 7225 SW 128 CT. MIAMI, FL 33183	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> FLORES, MARIA 501 SW 42ND, APT 3 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SEANNINE OATES 7901 SW 144 ST. MIAMI, FL 33158	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Nubia Alameda</i> <b>NUBIA ALAMEDA</b> 2/14/05 (305) 252-5204					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					