

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005861

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** ASOCIACION PANAMENO-AMERICANA DE ASISTENCIA SOCIAL, INC.

**Current Principal Place of Business:**

6405 NW 36 STREET  
228  
MIAMI, FL 33156 US

**New Principal Place of Business:**

2100 WEST 76TH STREET  
401  
HIALEAH, FL 33016 US

**Current Mailing Address:**

6405 NW 36 STREET  
228  
MIAMI, FL 33156 US

**New Mailing Address:**

2100 WEST 76TH STREET  
401  
HIALEAH, FL 33016 US

**FEI Number:** 65-0709498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOPEZ, EMILSA  
400 SW 34TH AVENUE  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

PRESTAN, MIGDALIA E  
2100 WEST 76TH STREET  
401  
HIALEAH, FL 33016 US

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: MIGDALIA E PRESTAN

04/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LOPEZ, EMILSA  
Address: 6405 NW 36TH STREET, #228  
City-St-Zip: MIAMI, FL 33156

Title: VPD (X) Delete  
Name: WATERMAN, ELEONOR  
Address: 6405 NW 36TH STREET, #228  
City-St-Zip: MIAMI, FL 33156

Title: VPPR (X) Delete  
Name: LOPEZ, AMY  
Address: 6405 NW 36TH STREET, #228  
City-St-Zip: MIAMI, FL 33156

Title: TD (X) Delete  
Name: BARROCAS, MARITZA  
Address: 6405 NW 36TH STREET, #228  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: PRESTAN, MIGDALIA E  
Address: 2100 WEST 76TH STREET, SUITE 401  
City-St-Zip: HIALEAH, FL 33016

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIGDALIA E PRESTAN

PD

04/26/2007

Electronic Signature of Signing Officer or Director

Date