

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005720

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: PAN AMERICAN ORCHID SOCIETY, INC.

## Current Principal Place of Business:

9255 SW 32 ST  
MIAMI, FL 33165

## New Principal Place of Business:

## Current Mailing Address:

9255 SW 32 ST  
MIAMI, FL 33165

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAPLANT, DALE  
4130 LYBYER AVENUE  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

BROWN, JOANNE  
9255 S.W. 32ND ST.  
MIAMI, FL 33165 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: JOANNE BROWN

04/26/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: 2VP (X) Delete  
Name: HINES, KENT  
Address: 504 NAVARRE AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: PD ( ) Delete  
Name: MCMURRY, MARIA  
Address: 6610 SW 70 LANE  
City-St-Zip: MIAMI, FL 33143

Title: SD (X) Delete  
Name: LAPLANT, SUZIE  
Address: 3941 MIDWAY ST  
City-St-Zip: COCONUT GROVE, FL 33133

Title: TD ( ) Delete  
Name: BROWN, JOANNE  
Address: 9255 SW 32 ST  
City-St-Zip: MIAMI, FL 33165

Title: 1VPD (X) Delete  
Name: SAMUELS, SUE  
Address: 6886 S W 89TH TERR.  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition  
Name: SEGRERA, CARLOS  
Address: 2310 S.W. 89TH AVE  
City-St-Zip: MIAMI, FL 33165

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 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: JOANNE BROWN

TREA

04/26/2006

Electronic Signature of Signing Officer or Director

Date