

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2004 8:00 am**  
**Secretary of State**

05-13-2004 90010 050 \*\*\*150.00

<b>DOCUMENT # P00000033185</b> 1. Entity Name <b>PANGAEA COMMUNICATIONS, INC.</b>					
Principal Place of Business <b>105 POSEIDON LANE PONTE VEDRA BEACH, FL 32082</b>			Mailing Address <b>830-13 A1A NORTH #363 PONTE VEDRA BEACH, FL 32082</b>		
2. Principal Place of Business <b>830-13 A1A NORTH</b>		3. Mailing Address <b>830-13 A1A NORTH #363 PONTE VEDRA BEACH, FL 32082</b>			
Suite, Apt. #, etc. <b>#363</b>		Suite, Apt. #, etc. <b>#363</b>			
City & State <b>PONTE VEDRA BEACH, FL</b>		City & State <b>PONTE VEDRA BEACH, FL</b>			
Zip <b>32082</b>		Country <b>USA</b>		4. FEI Number <b>59-3634680</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LAVRETTA, ROBERT L 105 POSEIDON LANE PONTE VEDRA BEACH, FL 32082</b>			7. Name and Address of New Registered Agent  Name <b>830-13 A1A NORTH</b> <b>#363</b> City <b>PONTE VEDRA BEACH</b> <b>FL</b> Zip Code <b>32082</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>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAVRETTA, ROBERT L</b> <b>105 POSEIDON LN</b> <b>PT VEDRA BCH, FL</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 607, 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					
<b>ROBERT L. LAVRETTA, PRESIDENT</b>					

3/24/04 (904) 759-6269