


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000110499 1. Entity Name PAMPA ENTERPRISES, CORP.	
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Principal Place of Business 2141 WESTBOURNE DR OVIEDO, FL 32765	Mailing Address 2141 WESTBOURNE DR OVIEDO, FL 32765
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01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3684875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SONNENSCHNEIN, MICHEAL D STEIN, SONNENSCHNEIN, HOCHMAN & PEPPLER 1420 ALAFAYA TR, STE 101 OVIEDO, FL 32765
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000122537 04/21/04-80033-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOREIRA, DANIEL 2141 WESTBOURNE DR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOREIRA, ALEJANDRO 8552 HAVASU DRIVE ORLANDO, FL 32729
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOREIRA, VIVIANA 2141 WESTBOURNE DR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOREIRA, NOEMI 2141 WESTBOURNE DR OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE:  **4/18/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #