2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # P00000113196



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May 03, 2004 8:00 am
May 03, 2007 0.00 an
Secretary of State
05_03_2004 91036 034 ***150 00

1. Entity Name PANGEAN INTERNATIONAL GROUP, INC. Principal Place of Business Mailing Address 3233 NORTHWEST 38TH STREET 3233 NORTHWEST 38TH STREET MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1060321 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEVI, RAY Street Address (P.O. Box Number is Not Acceptable) 224 CATALONIA AVENUE CORAL GABLES FL 33134 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition ESCOBAR, GUILLERMO NAME NAME STREET ADDRESS 3233 NORTHWEST 38TH STREET STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition ESCOBAR, LAURA NAME NAME STREET ADDRESS 3233 NW 38TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33142 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 true empowered to exactly this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with like empowered.

CITY-ST-ZJP

SIGNATURE:

CITY-ST-ZIP

ear TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR