2006 FOR PROFIT CORPORATION

Feb 23, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P01000028647** PANGA HOLDINGS, INC. Principal Place of Business Mailing Address 170 OCEAN LANE DRIVE 255 ALHAMBRA CIRCLE KEY BISCAYNE, FL 33149 CORAL CABLES, FL 33134 02162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1126332 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VERDU, PILAR DO NOT WRITE 170 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149 IN THIS SPACE 6. 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 Recestered Apera signature (agained when reinstation) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE VERDU, PILAR NAME STREET ADDRESS 170 OCEAN LANE DRIVE CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME VERDU, JORGE U00000443449 STREET ADDRESS 170 OCEAN LANE DRIVE 03/06/06-80009-012 150.00 CITY-ST-ZIP KEY BISCAYNE, FL 33149 2272 E NAME STREET ADDRESS DO NOT WRITE City-ST-Zip IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 harne appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ampowered.

SIGNATURE:

MEE NAME STRLET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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