

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000034768

1. Entity Name
PAN AMERICAN CONSTRUCTION, INC.



FILED

04 MAY -3 PM 12:11

TALLAHASSEE, FLORIDA

Principal Place of Business
**2199 PONCE DE LEON BLV
200
MIAMI, FL 33134**

Mailing Address
**2199 PONCE DE LEON BLV
200
MIAMI, FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-1132598

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DADE CORPORATE SERVICES, INC.
2300 CORAL WAY SUITE 103
MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**400035795194
05/10/04--01024--032 **158.75**

City

FL

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

Debra Williams

President

4/29/04

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
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete
NAME **LOPEZ-CATERA, MARTA**
STREET ADDRESS **2199 PONCE DE LEON BLVD 7200**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Change ☒ Addition
NAME **Carlos Lopez-Cantera**
STREET ADDRESS **2199 Ponce de Leon Blvd**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE **DV** ☐ Change ☒ Addition
NAME **Marta Lopez-Cantera**
STREET ADDRESS **2199 Ponce de Leon Blvd**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, 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 officers empowered.

SIGNATURE:

Carlos Lopez-Cantera

Carlos Lopez-Cantera **4/29/04** **854-1040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #