


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000034768</b>		
1. Entity Name PAN AMERICAN CONSTRUCTION, INC.		

Principal Place of Business 2199 PONCE DE LEON BLV 200 MIAMI, FL 33134	Mailing Address 2199 PONCE DE LEON BLV 200 MIAMI, FL 33134
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2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. 925 City & State Coral Gables FL Zip 33134 Country Dade	3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. 925 City & State Coral Gables FL Zip 33134 Country Dade
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FILED  
05 MAY -2 PM 5: 02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1132598	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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) City FL Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ-CATERA, MARTA 2199 PONCE DE LEON BLVD 7200 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ-CATERA, CARLOS 2199 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150 Alhambra circle, suite 925 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ-CATERA, MARTA 2199 PONCE DE LEON BLVD CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600054010176 05/06/05--01054--023 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

**SIGNATURE:**  **4/28/05 305-856-0056**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #