2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000034768 - FILED PAN AMERICAN CONSTRUCTION, INC. 06 MAY -1 PM 2: 39 SECRETARY OF STATE Mailing Address Principal Place of Business TALLAHASSEE FLORIDA 150 ALHAMBRA CIRCLE 150 ALHAMBRA CIRCLE 925 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-P CR2E034 (11/05) 4 FFI Number Applied For City & State City & State 65-1132598 Not Applicable Zip Country 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 DADE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY SUITE 103 MIAMI, FL 33145 City 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. Signature, blood or printed name of registered agent and title if agolicable (NOTE: Registered Agent signature required when reinstating) DATE 100075093769 **\$5.00** May **6**45/{23/06--01032--002 **158.75 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE nv ☐ Delete LOPEZ-CATERA, MARTA NAME NAME STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 925 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE LOPEZ-CATERA, CARLOS NAME NAME 150 ALHAMBRA CIRCLE, SUITE 925 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Defete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or adoptemental 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 receive for business with a medical content of the corporation or the receiver or business with a medical content of the corporation or the receiver or business with a medical content of the corporation or the receiver or business with a medical content of the corporation or the receiver or business with a medical content of the corporation or the receiver of the receiver of the corporation or the receiver of th 305-461.0563 SIGNATURE: GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # PARLOS LOPEZ CANTERA