2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P01000056579							
1. Entity Name						FILED	
PAN AMERICAN SITES, INC.			望 銅				
					05	MAY -2 PM 4	: 57
Principal Place of Business Mailing Address				- 			~ .
,					SEC	RETARY OF ST	ATE
2199 PONCE DE LEON BLVD 2199 PONCE DE LEON BLVD 3 200 3 200			SLVU	ŀ	TALI	LAHASSEE, FLO	DRIDA
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134			34				
2. Principal Place of Business 3. Mailing Address			1 05				
Suite, Apt. #, etc. Suite, Apt. #, etc.			tic lire	<u> </u>			
925				04192005	Chg-P	CR2E034 (10/03)	
Oity & State City & State			_	4. FEI Numb	er	A	oplied For
Woral 495/05 FC Coral 905/05			os, FL	03-045	5405	No	ot Applicable
3313	Country	33134	Country	5. Certificate	of Status Desired	\$8.75 Add	
ر ا رر	6. Name and Address of Current I		Dade	7 Name on	d Address of New E	- ree nequire	
				7. Name and Address of New Registered Agent			
	RPORATE SERVICES, INC.						
2300 CORAL WAY, SUITE 103				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI, FL	. 33145				·		
			O'b.			7_0.4	
	·		City			FL Zip Cod	6
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
	ay 1, 2005 Fee will be \$550.0	Trust Fund Contrib	oution.	Added to Fees			
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	D	☐ Delete	TITLE	7.001110110	, O WIGED 10 O. I	Change	Addition
NAME	LOPEZ-CANTERA, C		NAME		1 0.	* 1	
STF ZET ADDRESS				DORESS 150 Alhambra lircle, Buile 925			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Coral gable	25 FL 33	134	
ILLTE	DS	☐ Defete	TITLE	•	•	Change	☐ Addition
NAME STREET ADDRESS	BLUMENTHAL, STEPHEN A 2199 PONCE DE LEON BLVD, 20	20	NAME Street address	150 Alba	mace Dire	le, Buite	925
CITY-ST-ZIP	CORAL GABLES, FL 33134			Coral 905/05 FL 33134			
TITLE	DT	Delete	TITLE	40,000 070	1917 7 1C	∰ Change	Addition
NAME	LOPEZ-CANTERA, MARTA	□ Détére	NAME		, Λ.	Λ	_ ,
STREET ADDRESS	2199 PONCE DE LEON BLVD. 200 STRE			/I		cle, Suited	125
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	lural 9	<u>9510s, FL</u>	3313 Y	
IIILE		Delete	TITLE	,		Change	Addition
NAME			NAME	55 or 20	UUU541	010078 4020 **158	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS CITY-ST-ZIP	05/0	67.0201.02 [,]	4020 **158	5.75
TITLE		☐ Deleta	TITLE) \		Change	☐ Addition
NAME	·	Li Delca	NAME			C. Creatigo	
STREET ADDRESS			STREET ADDRESS	/KM			
CITY-ST-ZIP			CITY+ST-ZIP	#10	.,		
TITLE		☐ Deleta	TITLE	\mathcal{U}		☐ Change	☐ Addition
NAME			NAME	•			
1			OTREET ADDRESS				1
STREET ADDRESS			STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	certify that the information cumplied with	this filling does not qualify for the	CITY-ST-ZIP	ad in Section 119.07(2)	(i) Florida Statutos	I further certify that the it	nformation
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with on this report persupplemental report securior.	this filling does not qualify for the	CITY-ST-ZIP	ed in Section 119.07(3) ave the same legal effe	(i), Florida Statutes. ct as if made under	I further certify that the it oath; that I am an officer	nformation or director
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with I on this report pe supplemental report is proration or the goeign or truste embo , or on an attachment with an address, y	this filing does not qualify for to the and accordate and that my wheel to execute this report as the lother has empowered.	CITY-ST-ZIP	ed in Section 119.07(3) ave the same legal effe pter 607, Florida Statut	(i), Florida Statutes. ct as if made under es; and that my nam	I further certify that the it oath; that I am an officer e appears in Block 10 o	nformation or director r Block 11 if
STREET ADDRESS CITY-ST-ZIP		this filing does not qualify for the true and accordate and that my wared to execute this report as the file of the proposered.	CITY-ST-ZIP			I further certify that the identity that I am an officer to appears in Block 10 of 305-856	