

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>DOCUMENT # P01000056579</b><br>1. Entity Name<br><b>PAN AMERICAN SITES, INC.</b>   |   |   |  | <b>FILED</b><br><b>05 MAY -2 PM 4: 57</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                    |  |
| Principal Place of Business<br><b>2199 PONCE DE LEON BLVD</b><br><b>3 200</b><br><b>CORAL GABLES, FL 33134</b>  |   | Mailing Address<br><b>2199 PONCE DE LEON BLVD</b><br><b>3 200</b><br><b>CORAL GABLES, FL 33134</b>                                      |  |  |  |
| 2. Principal Place of Business<br><b>150 Alhambra Circle</b><br>Suite, Apt. #, etc.<br><b>925</b>   |   | 3. Mailing Address<br><b>150 Alhambra Circle</b><br>Suite, Apt. #, etc.<br><b>925</b>   |  |  |  |
| City & State<br><b>Coral Gables, FL</b><br>Zip<br><b>33134</b>  |   | City & State<br><b>Coral Gables, FL</b><br>Zip<br><b>33134</b>  |  |  |  |
| Country<br><b>Dade</b>  |   | Country<br><b>Dade</b>  |  | 04192005    Chg-P    CR2E034 (10/03)   |  |
| 4. FEI Number<br><b>03-0455405</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>DADE CORPORATE SERVICES, INC.</b><br><b>2300 CORAL WAY, SUITE 103</b><br><b>MIAMI, FL 33145</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>LOPEZ-CANTERA, C<br>2199 PONCE DE LEON BLVD, 200<br>CORAL GABLES, FL 33134       | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <b>150 Alhambra Circle, Suite 925</b><br><b>Coral Gables, FL 33134</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DS<br>BLUMENTHAL, STEPHEN A<br>2199 PONCE DE LEON BLVD, 200<br>CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <b>150 Alhambra Circle, Suite 925</b><br><b>Coral Gables, FL 33134</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | DT<br>LOPEZ-CANTERA, MARTA<br>2199 PONCE DE LEON BLVD. 200<br>CORAL GABLES, FL 33134  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <b>150 Alhambra Circle, Suite 925</b><br><b>Coral Gables, FL 33134</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <b>800054010078</b><br><b>05/06/05--01054--020 **158.75</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                           | <b>ABG/2</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |  |  |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | <b>4/28/05</b> <b>305-856-0056</b><br><small>Date    Daytime Phone #</small> |  |  |