2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90415 033 ***158.75 DOCUMENT # P01000056579 1. Entity Name PAN AMERICAN SITES, INC. 40000000 Principal Place of Business Mailing Address 150 ALHAMBRA CIRCLE 150 ALHAMBRA CIRCLE 925 925 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 03-0455405 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DADE CORPORATE SERVICES, INC. 2300 CORAL WAY, SUITE 103 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33145 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition DP Lopez-Cantera, C LOPEZ-CANTERA, C NAME NAME 150 Alhambra Circle, Ste. STREET ADORESS 150 ALHAMBRA CIRCLE, SUITE 925 STREET ADDRESS CITY-\$1-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP Coral Gables, FL 33134 DS ☐ Delete TITLE Change Addition BLUMENTHAL, STEPHEN A NAME NAME STREET ADDRESS 150 ALHAMBRA CIRCLE, SUITE 925 STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY - ST - ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or unseemental epochs 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 of the pocinity or trustee enhancement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED