

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90250 027 \*\*\*150.00

**DOCUMENT # P01000074620**

1. Entity Name  
**PAN AMERICAN TECHNOLOGY CORPORATION**



Principal Place of Business Mailing Address  
**3440 HOLLYWOOD BLVD STE 360** **3440 HOLLYWOOD BLVD STE 360**  
**HOLLYWOOD, FL 33021** **HOLLYWOOD, FL 33021**

**54030724**

2. Principal Place of Business 3. Mailing Address  
**18851 NE 29th AV** **18851 NE 29th AV**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**900** **900**

City & State City & State  
**AVENTURA FL** **AVENTURA FL**  
Zip Country Zip Country  
**33180 USA** **33180 USA**

01272004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**65-1127889** Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROTH, LEONARDO A**  
**3440 HOLLYWOOD BLVD STE 360**  
**HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name **LEONARDO A. ROTH**  
Street Address (P.O. Box Number is Not Acceptable)  
**18851 NE 29th AV, STE 900**  
City **AVENTURA FL** Zip Code **33180**

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 **LEONARDO A. ROTH, Esq** **4/6/04**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PTD**  
STREET ADDRESS **ARANCIBIA, JORGE H**  
CITY-ST-ZIP **CLUB DE CAMPO SAN DIETO 1744**  
**PROVINCIA DE BUENOS AIRES AR,**

TITLE ☐ Delete  
NAME **VSD**  
STREET ADDRESS **ARANCIBIA, ANA M**  
CITY-ST-ZIP **CLUB DE CAMPO SAN DIETO 1744**  
**PROVINCIA DE BUENOS AIRES AR,**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Jorge Arancibia, P** **4/7/04 786-278-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #