

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082337

FILED
Apr 05, 2006
Secretary of State

Entity Name: PAM INTERNATIONAL CORP.

Current Principal Place of Business:

5333 NW 165 STREET
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

5333 NW 165 STREET
MIAMI, FL 33014

New Mailing Address:

FEI Number: 65-1131543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCES, GASPAR
9032 NW 12 ST
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T (X) Delete
Name: LAMBIRIS, JORGE
Address: RAMON FALCON #2509 PICO 5 APT E
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: S () Delete
Name: KOHN, RUBEN
Address: BARRIO LA DELFINA AV PTE
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: P () Delete
Name: KOHN, ALEJANDRO F
Address: ANTEZANA 81 PISO 7, APT 22
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: D () Delete
Name: KOHN, MANUEL
Address: RAMON L FALCON 2529 PISO 5
City-St-Zip: BUENOS AIRES ARGENTINA,

Title: D () Delete
Name: KOHN, MARCELO
Address: CHIVILCOY 4875
City-St-Zip: BUENOS AIRES ARGENTINA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEJANDRO FABIO KOHN

P

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date