

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90006 043 \*\*\*150.00

**DOCUMENT # P01000099134**



1. Entity Name  
**MR. PANAMA, INC.**

Principal Place of Business  
**2699 COLLINS AVENUE #117  
MIAMI BEACH, FL 33140**

Mailing Address  
**2699 COLLINS AVENUE #117  
MIAMI BEACH, FL 33140**

**54066508**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**82-0547994**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**MENDEZ, EDUARDO  
2699 COLLINS AVENUE #117  
MIAMI BEACH, FL 33140**

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 NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **MENDEZ, EDUARDO**  
CITY-ST-ZIP **2699 COLLINS AVENUE #117  
MIAMI BEACH, FL 33140**

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

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **MENDEZ, DAYRA C**  
CITY-ST-ZIP **2699 COLLINS AVENUE #117  
MIAMI BEACH, FL 33140**

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

TITLE ☐ Delete  
NAME **V.P.**  
STREET ADDRESS **CHRISTIAN MENDEZ**  
CITY-ST-ZIP **2699 COLLINS AVE. #117  
MIAMI BEACH FL. 33140**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

**EDUARDO MENDEZ**

Date

**305 673 9896**

Attachment

54066508

# P0100099134

2699 Collins Avenue #117, Miami Beach, FL 33140  
(305) 673-9896 / (800) 995-2372 / (305) 673-0134 Fax

JULY 2, 2004

TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM ~~EDUARDO E. MENDEZ, PRESIDENT~~  
MR. PANAMA, INC.  
FEIN 820547994

REF ANNUAL REPORT 2004

FOR SOME UNKNOWN REASON WE HAVE NOT RECEIVED OUR ANNUAL  
REPORT FOR THE CURRENT YEAR.

RESPECTFULLY I REQUEST TO WAIVE ANY PENALTY ON OUR REGULAR  
FEE OF \$150.00, FOR WHICH I AM ATTACHING A CHECK FOR THIS  
AMOUNT TO KEEP OUR CASE CURRENT.

I TAKE THE OPPORTUNITY TO FILE ALSO AN ADDITIONAL PERSON TO BE  
ADDED TO OUR CORPORATION.

CHRISTIAN E. MENDEZ / VICEPRESIDENT / 720 NE-170 STREET NORTH  
MIAMI, FL. 33162.

THANK YOU KINDLY FOR YOUR EFFORT ON THIS MATTER.

SINCERELY,

EDUARDO E. MENDEZ  
AKA MR. PANAMA