


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000012606 1. Entity Name PAN AMERICAN REALTY, INC.						FILED 05 JUL 12 PM 4:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2199 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134				Mailing Address 2199 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134			
2. Principal Place of Business Suite, Apt. #, etc. #925 150 Alhambra Circle City & State Coral Gables, FL Zip 33134 Country USA				3. Mailing Address Suite, Apt. #, etc. #925 150 Alhambra Circle City & State Coral Gables, FL Zip 33134 Country USA			
4. FEI Number 41-2028859				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				07062005 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent LOPEZ-CANTERA, CARLOS 2199 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Corporate Process Service Street Address (P.O. Box Number is Not Acceptable) 2300 Coral Way City Miami FL Zip Code 33145			
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 <u><i>Vivian Williams</i></u> VIVIAN WILLIAMS <u>7/2/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTERA-SERRALTA, MONICA 2199 PONCE DE LEON BLVD., #200 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle #925 Coral Gables, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ-CANTERA, CARLOS C 2199 PONCE DE LEON BLVD., #200 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle #925 Coral Gables, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400057476504 07/14/05--01060--003 **158.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.							
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>7/2/05</u> Daytime Phone # _____			