


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90047 034 \*\*\*150.00

<b>DOCUMENT # P03000020157</b> 1. Entity Name <b>PAN AMERICAN DEVELOPMENT GROUP, INC.</b>	
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Principal Place of Business <b>2400 W. 84TH ST., SUITE 11 HIALEAH, FL 33016</b>	Mailing Address <b>2400 W. 84TH ST., SUITE 11 HIALEAH, FL 33016</b>
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**DO NOT WRITE IN THIS SPACE**



02032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>48-1301657</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BELL, RICHARD L 13856 NW 14TH ST HOLLYWOOD, FL 33028</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**4/23/07**

**FILE NOW!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELL, RICHARD L 13856 NW 14TH ST. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, JOHN E 1161 NW 78TH AVE. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, MIRNA ALICIA L 1161 NW 78TH AVE. PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELL, EVELYN G 13856 NW 14TH STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/07 305873-8822**

Date

Deputy Phone #