

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000020157**

1. Entity Name  
**PAN AMERICAN DEVELOPMENT GROUP, INC.**



Principal Place of Business  
**2400 W. 84TH ST., SUITE 11  
HIALEAH, FL 33016**

Mailing Address  
**2400 W. 84TH ST., SUITE 11  
HIALEAH, FL 33016**



03132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**48-1301657**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BELL, RICHARD L  
13856 NW 14TH ST  
HOLLYWOOD, FL 33028**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**U00000878446  
04/14/08-80053-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME BELL, RICHARD L  
STREET ADDRESS 13856 NW 14TH ST.  
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE VD  
NAME BELL, JOHN E  
STREET ADDRESS 1161 NW 78TH AVE.  
CITY-ST-ZIP PLANTATION, FL 33322

TITLE SD  
NAME BELL, MIRNA ALICIA L  
STREET ADDRESS 1161 NW 78TH AVE.  
CITY-ST-ZIP PLANTATION, FL 33322

TITLE TD  
NAME BELL, EVELYN G  
STREET ADDRESS 13856 NW 14TH STREET  
CITY-ST-ZIP 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

**3/31/08 258238822**  
Date Daytime Phone #