

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027527

FILED
May 17, 2006
Secretary of State

Entity Name: PANALUC CORP.

Current Principal Place of Business:

1000 PONCE DE LEON BLVD.
SUITE 117
CORAL GABLES, FL 33134 US

Current Mailing Address:

1000 PONCE DE LEON BLVD.
SUITE 117
CORAL GABLES, FL 33134 US

FEI Number: 83-0350749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1313 PONCE DE LEON BLVD
SUITE 201
CORAL GABLES, FL 33134 US

New Mailing Address:

1313 PONCE DE LEON BLVD
SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of Current Registered Agent:

RODRIGUEZ, GLORIA
1000 PONCE DE LEON BLVD.
SUITE 117
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ALBERTINI, SILVIA
10934 NW 62 TER
DORAL, FL 33178 US

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: SILVIA ALBERTINI

05/17/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SEPULVEDA, J. PATRICIO
Address: 1000 PONCE DE LEON BLVD. STE. 117
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ALBERTINI, SILVIA
Address: 10934 NW 62 TER
City-St-Zip: DORAL, FL 33178 US

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: SILVIA ALBERTINI

PSTD

05/17/2006

Electronic Signature of Signing Officer or Director

Date