
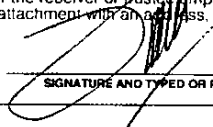


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90323 015 \*\*\*150.00

<b>DOCUMENT # P04000109668</b> 1. Entity Name <b>PAN IMPORTS INC.</b>					
Principal Place of Business <b>233 NW 95 AVE PLANTATION, FL 33324</b>				Mailing Address <b>233 NW 95 AVE PLANTATION, FL 33324</b>	
2. Principal Place of Business <b>2315 NW 107 Ave</b>				3. Mailing Address <b>2315 NW 107 Ave</b>	
Suite, Apt. # <b>1414 Box 70</b>				Suite, Apt. #, etc. <b>1414 Box 70</b>	
City & State <b>DORAL FL</b>				City & State <b>DORAL FL</b>	
Zip <b>33172</b>		Country <b>USA</b>		Zip <b>33172</b>	
Country <b>USA</b>		4. FEI Number <b>20-1466539</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FOSCHINI, SERGIO 233 NW 95 AVE PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1593 EASTLAKE WAY</b>  City <b>Weston</b> <b>FL</b> Zip Code <b>33326</b>	
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  DATE <b>04-14-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOSCHINI, SERGIO <del>233 NW 95 AVE</del> PLANTATION, FL 33324	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1593 EASTLAKE WAY Weston, FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSSA, MARIO 233 NW 95 AVE PLANTATION, FL 33324	<input checked="" 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	<b>GIANCARLO FOSCHINI</b> <b>1593 EASTLAKE WAY</b> <b>Weston, FL 33326</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER</b> <b>GIANCARLO FOSCHINI</b> <b>1593 EASTLAKE WAY</b> <b>Weston FL 33326</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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	<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:  <b>04/14/05</b> <b>305-592-1520</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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03112005 Chg-P CR2E034 (10/03)