

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90069 044 ***158.75

DOCUMENT # P05000006030

1. Entity Name
PANAXY CREATIONS, INC



2. Principal Place of Business Mailing Address
**10221 N.W. 125 STREET
HIALEAH GARDENS, FL 33018-6047**

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

03082006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2162036

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMANCAS, PILAR
10221 N.W. 125 STREET
HIALEAH GARDENS, FL 33018-6047**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 obligation of the registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

☐ Delete
DPT
**SIMANCAS, PILAR
10221 N.W. 125 STREET
HIALEAH GARDENS, FL 330186047**

☐ Delete
DVS
**SIMANCAS, CARMELO
10221 N.W. 125 STREET
HIALEAH GARDENS, FL 330186047**

☐ Delete

☐ Delete

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I 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 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; and that my name appears in Block 10 or Block 11 if I am a registered agent with an address, with all other like empowered.

SIGNATURE:

Pilar Simancas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pilar Simancas

President

03/09/06

305-558-1592

Date Daytime Phone #