2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-21-2006 90107 050 ***158.75 **DOCUMENT # P05000092784** PANAMA EXPORT, INC. 96/01ndo Principal Place of Business Mailing Address 3601 NW 102 ST 3601 NW 102 ST MIAMI, FL-33147 -MIAMIL FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 CR2E034 (11/05) 4. FEI Number 20-3089689 City & State City & State Applied For Not Applicable Ζiρ Country Zip \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent APAULAZA, DAYAMI Street Address (P.O. Box Number is Not Acceptable) 3601 NW 102 ST MIAMI, FL 33147 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 obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Recutered Agent signature required when remaining) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete INTLE Addition APAULAZA, DAYAMI NAME NAME 3601 NW 102 ST STREET ADDRESS STREET ADDRESS CITY-51-74P MIAMI, FL 33147 CITY-SI-7P ITLE Delete MLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C11V-\$1-ZIP CITY-ST-ZIP TITLE Ociete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 outh; 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 eppears in Block 10 or Block 11 if changed, or on an attachment within address, with all other like empowered. APauloza 4506 786-385-5706

FILED

May 19, 2006 8:00 am Secretary of State