

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075904

FILED
Apr 05, 2007
Secretary of State

Entity Name: PANAMERICAN INTERNATIONAL GAMING CORP.

Current Principal Place of Business:

1170 E.HALLANDALE BCH. BLVD.
B
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1170 E.HALLANDALE BCH. BLVD.
B
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALBERSTERIN, ALEX AGENT
1170 E.HALLANDALE BCH.BLVD.
B
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P. () Delete
Name: VASERMAN, OSCAR DIRECTO
Address: AV.ARAMBURU 855,OFICINA 701
City-St-Zip: LIMA, LI 27,PERU PE

Title: VP. () Delete
Name: MAAWAD, TONY DIRECTO
Address: AV.ARAMBURU 855,OFICIMA 701
City-St-Zip: LIMA, LI 27,PERU

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEX HALBERSTEIN

DIRE

04/05/2007

Electronic Signature of Signing Officer or Director

_____ Date