2007 FOR PROFIT CORPORATION

Mar 29, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P06000119171 03-29-2007 90014 044 ***150 00 PANTHEON INDUSTRIES, INC. Principal Place of Business Mailing Address **10011001** 3632 WEST 10 AVENUE PO BOX 347705 HIALEAH, FL 33012 MIAMI, FL 33234-7705 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. 03232007 Chq-P CR2E034 (12/06) Applied For City & State City & State 20-5662430 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLIVE JACKSON RODRIGUEZ, ALEX Street Address (P.O. Box Number is Not Acceptable) 3632 WEST 10 AVENUE HIALEAH, FL 33012 3632 West 10 Avenue Zip Code Hialeah 33012 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete **Change** TITLE Addition RODRIQUEZ, ALEX NAME NAME Jackson, Clive STREET ADDRESS 3632 WEST 10 AVENUE STREET ADDRESS 3632 West 10 Avenue HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP Hialeah, FL 33012 DV ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME PEREZ, ALAN NAME STREET ADDRESS 3632 WEST 10 AVENUE STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE Hamilton, Marcus G. NAME NAME STREET ADDRESS STREET ADDRESS 3632 West 10 Avenue CITY-ST-ZIP CITY-ST-ZIP Hialeah, FL 33012 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED

Daytime Phone #