

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

03-27-2008 90029 002 \*\*\*150.00  
P07000026238


**FILED**  
**08 MAY 15 PM 3:55**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  


1st MOORE CR2E034 (10/07)

**DOCUMENT # P07000026238**

1. Entity Name  
**PANDI CORPORATION**



Principal Place of Business <b>10805 SW 86 ST 6 MIAMI FL 33173</b>	Mailing Address <b>10805 SW 86 ST 6 MIAMI FL 33173</b>
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2. Principal Place of Business - No P.O. Box # <b>1417 W. FLAGLER ST. Suite, Apt. #, etc. 3<sup>rd</sup> FLOOR CAMACOL</b>	3. Mailing Address <b>1417 W. FLAGLER ST. Suite, Apt. #, etc. 3<sup>rd</sup> FLOOR CAMACOL</b>
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33135</b>	Country <b>USA</b>

4. FEI Number <b>20-8544798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**PANIAGUA, RICARDO  
10805 SW 86 ST  
6  
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**1417 W Flagler St.  
3rd floor Camacol**  
City **Miami** FL Zip Code **33135**

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 **3/18/08**

Signature, hand or printed name of registered agent or officer, if applicable. (NOTE: Registered Agent signature required when retaining)

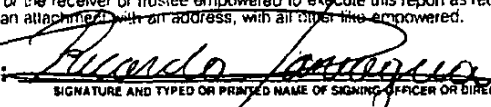
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE <b>P</b>	NAME <b>PANIAGUA, RICARDO</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>10805 SW 86 ST, APT. 6</b>	<b>MIAMI FL 33173</b>	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>1417 W Flagler Street</b>	
STREET ADDRESS <b>3rd floor Camacol</b>		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:  DATE **3/18/08** **786-355-2137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR