

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019147

Entity Name: PAMN USA INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2315 NW 107TH AVE WAREHOUSE 1 A 16 BOX 133
DORAL, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

2315 NW 107TH AVE WAREHOUSE 1 A 16 BOX 133
DORAL, FL 33173 US

New Mailing Address:

FEI Number: 26-2044697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, GEORGE R
BANK OF AMERICA BLDG., 701 BRICKELL AVENUE
1400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC.
550 BILTMORE WAY
200
CORAL GABLES, FL 33134 US

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: CARLOS M SAMLUT

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: CAVALCANTE, PAULO ROBERTO
Address: 2315 NW 107TH AVE WAREHOUSE 1 A 16 BOX 133
City-St-Zip: DORAL, FL 33173 US

Title: D () Delete
Name: CAVALCANTE NETO, MARIO COSTA
Address: 2315 NW 107TH AVE WAREHOUSE 1 A 16 BOX 133
City-St-Zip: DORAL, FL 33173 US

Title: D () Delete
Name: CAVALCANTE, ANDRE
Address: 2315 NW 107TH AVE WAREHOUSE 1 A 16 BOX 133
City-St-Zip: DORAL, FL 33173 US

Title: D () Delete
Name: TORREGROSSA, NORIVAL JR.
Address: 2315 NW 107TH AVE WAREHOUSE 1 A 16 BOX 133
City-St-Zip: DORAL, FL 33173 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CAVALCANTE, PAULO ROBERTO
Address: 2315 NW 107TH AVE WAREHOUSE 1 A 16 BOX 133
City-St-Zip: DORAL, FL 33173 US

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

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 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: PAULO ROBERTO CAVALCANTE

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date