

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000019147

Entity Name: PAMN USA INC.

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

2315 NW 107TH AVE WAREHOUSE 1A 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:

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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PAULO ROBERTO CAVALCANTE

DP

04/29/2011

Electronic Signature of Signing Officer or Director

Date