## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 28, 2006 08:00 AM **Secretary of State** DOCUMENT # P33119 PAN-AMERICAN EXPRESS INC. OF FLORIDA Principal Place of Business Mailing Address 7454 NW 55TH STREET 7454 NW 55TH STREET MIAMI, FL 33166 US MIAMI, FL 33166 US CR2E034 (11/05) No Chg-P 02152006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0659869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARURI, ASSENNETH DO NOT WRITE 7454 N.W. 55TH STREET MIAMI, FL 33166 IN THIS SPACE 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 Signature, typed or printed name of registered agent and little II applicable (NOTE: Registered Agent eignature required when remainting) Election Campaign Financing \$5.00 May Be FILE NOWIII FEE 13 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MARURI, ASSENNETH B NAME 7454 N.W. 55TH ST. U000004828**68** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 04/11/05-80094-004 150.00 NAME STREET ADDRESS CUTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 7177 F NAME STREET ADDRESS CITY -ST-ZIP STLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 addrigate, with all tither like empowered.

SIGNATURE: 4

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Davime Phone #

FILED