## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000023670

City-St-Zip:

MIAMI, FL 33132

FILED May 10, 2006 Secretary of State

Entity Na	me: PANTH	IER HOLDINGS OF FLORIDA, IN	IC.			
Current Principal Place of Business:			New Principa	New Principal Place of Business:		
999 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134			1555	1717 N BAYSHORE DR. 1555 MIAMI, FL 33132		
Current M	lailing Addr	ess:	New Mailing A	New Mailing Address:		
999 PONCE DE LEON BLVD., SUITE 1100 CORAL GABLES, FL 33134			1555	1717 N BAYSHORE DR 1555 MIAMI, FL 33132		
FEI Number	: 65-0414557	FEI Number Applied For ( )	FEI Number Not Applicab	le ( ) Certificate of Status Desired ( )		
Name and	l Address of	Current Registered Agent:	Name and Ad	Name and Address of New Registered Agent:		
			MARTIN, PED 1221 BRICKEL SUITE 2400 MIAMI, FL 331	L AVENUE		
The above in the State	named entit e of Florida.	y submits this statement for the p	urpose of changing its re	egistered office or registered agent, or be	oth,	
SIGNATU	RE: PEDRO	MARTIN		05/10/2006		
	Electr	onic Signature of Registered Age	ent	Date		
		193(2)(b), F.S., the corporation did no ing Trust Fund Contribution ( ).	t receive the prior notice.			
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	RODRIGUEZ	( ) Delete -MACIAS, MARIA M SHORE DR, APT A-1555 3132	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	RIGGIANI, E	SHORE DR, APT A-1555	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address:	REGGIANI, C	( ) Delete BISELLE M SHORE DR. APT A-1555	Title: Name: Address:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: GISELLE REGGIANI MRS. 05/10/2006