

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90079 044 ***158.75

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1. Entity Name
PANAMETRIC CORPORATION



Principal Place of Business

13940 SW 136 ST
100
MIAMI, FL 33186

Mailing Address

13940 S.W. 136ST
SUITE 100
MIAMI, FL 33186 US

600000001



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0475489

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BENITEZ, VICTOR
12191 SW 92ND AVE
MIAMI, FL 33176

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BENITEZ, VICTOR M
12191 SW 92ND AVE.
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BENITEZ, MIRIAM C
12191 SW 92ND AVE
CHIPLEY, FL 32428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CAULEY, DOUGLAS
1058 CLAYTON RD
CHIPLEY, FL 32428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
DUART, CARLOS
14491 SW 161 ST
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

1/25/2007
Date

305 235-5098
Daytime Phone #