

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000015822

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**



01182008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000907468
02/07/08-80009-022 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENITEZ, VICTOR M
STREET ADDRESS	12191 SW 92ND AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	DPS
NAME	BENITEZ, MIRIAM C
STREET ADDRESS	12191 SW 92ND AVE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	V
NAME	CAULEY, DOUGLAS
STREET ADDRESS	1058 CLAYTON RD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	T
NAME	DUART, CARLOS
STREET ADDRESS	14491 SW 161 ST
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Date

Daytime Phone #