


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000043170

1. Entity Name
PANAMERICAN INTERACTIVE CORPORATION



Principal Place of Business Mailing Address

6701 HANLEY RD **4918 LYFORD CAY ROAD**
TAMPA, FL 33634 **TAMPA, FL 33629**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3247804 Not Applicable

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

6. Name and Address of Current Registered Agent

INGA, JORGE J
C/O FRANK CISNERAS
4918 LYFORD CAY RD.
TAMPA, FL 33629

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLANCO, RAFAEL
STREET ADDRESS	4301 N. HABANA, STE. 1
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	D
NAME	CANEDO, MARIO
STREET ADDRESS	14601 ANCHORET ROAD
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	CISNEROS, FRANK
STREET ADDRESS	4918 LYFORD CAY RD
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	INGA, JORGE J
STREET ADDRESS	6701 HANLEY RD
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	LEON, GUILLERMO
STREET ADDRESS	18605 AVENUE CAPRI
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	D
NAME	MENENDEZ, LUIS
STREET ADDRESS	2613 N. DUNDEE STREET
CITY-ST-ZIP	TAMPA, FL 33629

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 04/29/05-80055-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: _____ **4-27-05** (813) 220-1361

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #