


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90184 043 \*\*\*150.00

<b>DOCUMENT # P94000043170</b>			
1. Entity Name <b>PANAMERICAN INTERACTIVE CORPORATION</b>			
Principal Place of Business <b>500 WEST SHORE BLVD TAMPA, FL 33609</b>		Mailing Address <b>P.O. BOX 24282 TAMPA, FL 33623</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CISNEROS, FRANK 4918 LYFORD CAY RD. TAMPA, FL 33629</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, RAFAEL	NAME	
STREET ADDRESS	4301 N. HABANA, STE. 1	STREET ADDRESS	<b>P. O. BOX 22937</b>
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	<b>TAMPA, FL 33622</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANEDO, MARIO	NAME	
STREET ADDRESS	4201 BAYSHORE BLVD #1101	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CISNEROS, FRANK	NAME	
STREET ADDRESS	4918 LYFORD CAY RD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGA, JORGE J	NAME	
STREET ADDRESS	6701 HANLEY RD	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, GUILLERMO	NAME	
STREET ADDRESS	18605 AVENUE CAPRI	STREET ADDRESS	
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENENDEZ, LUIS	NAME	
STREET ADDRESS	2513 N. DUNDEE ST	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-24-08</b> Daytime Phone # <b>813 288 9360</b>	

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04242008 Chg-P CR2E034 (12/06)

4. FEI Number **59-3247804** Applied For  Not Applicable

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