


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90084 012 ***158.75

DOCUMENT # P94000087148
 1. Entity Name
PANAMERICAN AIRCRAFT SERVICES, INC.



Principal Place of Business: **3930 ESTEPONA AVE. DORAL FL 33178 US**
 Mailing Address: **PO BOX 660438 MIAMI SPRGS FL 33266-0438 US**



2. Principal Place of Business: **3517 NW 115 Ave**
 Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: **Doral, FL**
 Zip: **33178** Country: **USA**

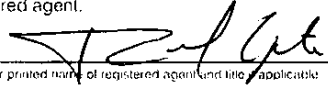
4. FEI Number: **65-0539674**
 Applied For: Not Applicable:

6. Name and Address of Current Registered Agent
COPETE, RAUL
3930 ESTEPONA AVE
DORAL FL 33178

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

7. Name and Address of New Registered Agent
 Name: **Raul Copete**
 Street Address (P.O. Box Number is Not Acceptable): **3517 NW 115 Ave.**
 City: **Doral** FL Zip Code: **33178**

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:  **Raul Copete** DATE: **April 6/06**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when consolidating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | COPETE, RAUL | |
| STREET ADDRESS | 3930 ESTEPONA AVE | |
| CITY-ST-ZIP | DORAL FL 33178 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | copete Raul | |
| STREET ADDRESS | 3517 NW 115 Ave. | |
| CITY-ST-ZIP | Doral FL 33178 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: **April 6/06** DAYTIME PHONE #: **788-4178270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR