


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90027 018 ***150.00

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



40110283

Principal Place of Business Mailing Address
3517 NW 115TH AVE PO BOX 660438
DORAL, FL 33178 US MIAMI SPRGS, FL 33266-0438 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
3517 NW 115 Ave. 11819 NW 10th Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04302007 Chg-P CR2E034 (12/06)

City & State City & State
Doral FL. Gainesville FL.

4. FEI Number Applied For
65-0539674 Not Applicable

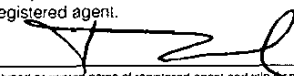
Zip Country Zip Country
33178 US. 32606. US.

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

6. Name and Address of Current Registered Agent
COPETE, RAUL
3517 NW 115TH AVE
DORAL, FL 33178

7. Name and Address of New Registered Agent
 Name **Raul Copete**
 Street Address (P.O. Box Number is Not Acceptable)
11819 NW 10th Ave.
 City **Gainesville** FL Zip Code **32606**

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** **April 28/07**
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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete COPETE, RAUL 3517 NW 115TH AVE DORAL, FL 33178 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Copete Raul 11819 NW 10th Ave Gainesville, FL 32606. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  **April 28/07** **786 478 270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #