


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.	

Principal Place of Business 3517 NW 115TH AVE DORAL, FL 33178 US	Mailing Address PO BOX 660438 MIAMI SPRGS, FL 33266-0438 US
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2. Principal Place of Business - No P.O. Box # 3517 NW 115 Ave.	3. Mailing Address 11819 NW 10th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Doral FL.	City & State Gainesville FL.
Zip 33178	Zip 32606
Country US.	Country US.

40110283



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0539674	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

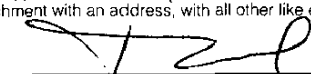
6. Name and Address of Current Registered Agent COPETE, RAUL 3517 NW 115TH AVE DORAL, FL 33178	
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7. Name and Address of New Registered Agent	
Name Raul Copete	
Street Address (P.O. Box Number is Not Acceptable) 11819 NW 10th Ave.	
City Gainesville	Zip Code FL 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 	DATE April 28/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COPETE, RAUL 3517 NW 115TH AVE DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Copete Raul 11819 NW 10th Ave Gainesville, FL 32606 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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: 	DATE April 28/07 786 417 8270