2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000051231

1. Entity Name
PAN AMERICAN LAND, INC.

FILED
05 MAY -2 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2199 PONCE DE LEON BLVD SUITE #200 CORAL GABLES, FL 33134	2199 PONCE DE LEON BLVD SUITE #200 CORAL GABLES, FL 33134

03242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
150 Alhambra Circle	150 Alhambra Circle
Suite, Apt. #, etc.: Suite # 925	Suite, Apt. #, etc.: Suite # 925
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: US	Zip: 33134 Country: US

4. FEI Number: 65-0672475 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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: _____ AMADA CANTERA LOPEZ, President DATE: 4/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOPEZ-CANTERA, CARLOS C 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOPEZ-CANTERA, MARTA 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ-CANTERA, MONICA 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ-CANTERA, CARLOS M 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ-CANTERA, VICTOR A 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	150 Alhambra Circle, Suite 925 Coral Gables, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400054034784 05/09/05--01008--005 **150.00	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4/27/05 305-461-0563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CARLOS C. LOPEZ CANTERA, PRESIDENT