

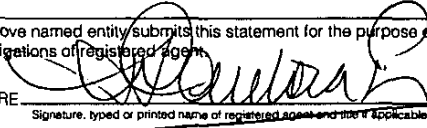
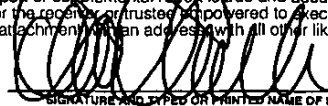


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000053310 1. Entity Name PAN AMERICAN DEVELOPMENT, INC.						FILED 05 MAY -2 PM 5: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134				Mailing Address 2199 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134			
2. Principal Place of Business 150 Alhambra Circle Suite, Apt. #, etc. Suite 925		3. Mailing Address 150 Alhambra Circle Suite, Apt. #, etc. Suite 925				03242005 Chg-P CR2E034 (10/03)	
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 65-0744887		Applied For <input type="checkbox"/> Not Applicable	
Zip 33134		Country US		Zip 33134		Country US	
6. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC. 2300 CORAL WAY #200 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and street applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: center;"> AMADA CANTERA LOPEZ, President </div> <div style="width: 15%; text-align: right;"> 4/27/05 <small>DATE</small> </div> </div>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 925 Coral Gables, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LARREA, LINDA <input type="checkbox"/> Delete 2300 CORAL WAY SUITE 200 MIAMI, FL 33145			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 925 Coral Gables, FL 33134		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ-CANTERA, MARTA L <input type="checkbox"/> Delete 2199 PONCE DE LEON BLVD, SUITE 200 CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Alhambra Circle, Suite 925 Coral Gables, FL 33134		
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 800054034748 05/09/05--01008--003 **150.00		
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		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> CARLOS C. LOPEZ CANTERA, PRESIDENT				4/27/05 <small>Date</small>		305-461-0563 <small>Daytime Phone #</small>	