


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90186 040 ***150.00

DOCUMENT # P97000017316 1. Entity Name MI PAN ENTERPRISES, CORP.					
Principal Place of Business 13736 NORTH KENDALL DRIVE MIAMI, FL 33186 US			Mailing Address 13736 NORTH KENDALL DRIVE MIAMI, FL 33186 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0825934	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORRIN, ALVARO 400 SOUTH DIXIE HIGHWAY CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent Name CARLOS BENAVIDES Street Address (P.O. Box Number is Not Acceptable) 17720 NW 73 AVE # 206 City MIAMI FL 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 <u>CARLOS BENAVIDES</u> DATE <u>4/28/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORRIN, ANTONIO 3730 SAN SIMEON CIRCLE WESTON, FL 33331	<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	VPD GORRIN, ALVARO 400 S. DIXIE HIGHWAY CORAL GABLES, FL 33146	<input checked="" 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	D GORRIN, JUAN 10574 NW 51 STREET MIAMI, FL 33178	<input checked="" 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	VP BENAVIDES, CARLOS 17720 NW 73 AVE #206 MIAMI, FL 33015	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP, S, BENAVIDES, CARLOS 17720 NW 73 AVE #206 MIAMI FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS GORRIN, ALEJANDRA C 10574 NW 51ST MIAMI, FL 33178	<input checked="" 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: <u>CARLOS BENAVIDES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>4/28/05</u> Daytime Phone #: <u>305-62227206</u>	

50048411



04252005 Chg-P CR2E034 (10/03)

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

GORRIN, ALVARO
400 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

Name **CARLOS BENAVIDES**

Street Address (P.O. Box Number is Not Acceptable)

17720 NW 73 AVE # 206

City **MIAMI**

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

CARLOS BENAVIDES

4/28/05

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, 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
GORRIN, ANTONIO
3730 SAN SIMEON CIRCLE
WESTON, FL 33331

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
GORRIN, ALVARO
400 S. DIXIE HIGHWAY
CORAL GABLES, FL 33146

☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
GORRIN, JUAN
10574 NW 51 STREET
MIAMI, FL 33178

☒ Delete

TITLE
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☐ Change

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VP
BENAVIDES, CARLOS
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MIAMI, FL 33015

☐ Delete

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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:

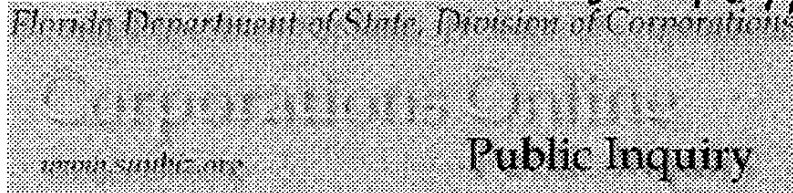
CARLOS BENAVIDES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone #

ATTACHMENT

50048411



Florida Profit

MI PAN ENTERPRISES, CORP.

PRINCIPAL ADDRESS

13736 NORTH KENDALL DRIVE
MIAMI FL 33186 US
Changed 05/03/2004

MAILING ADDRESS

13736 NORTH KENDALL DRIVE
MIAMI FL 33186 US
Changed 05/03/2004

Document Number

P97000017316

FEI Number

650825934

Date Filed

02/20/1997

State

FL

Status

ACTIVE

Effective Date

NONE

Last Event

REINSTATEMENT

Event Date Filed

01/17/2003

Event Effective Date

NONE

Registered Agent

Name & Address
GORRIN, ALVARO 400 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146
Address Changed: 01/17/2003

Officer/Director Detail

Name & Address	Title
GORRIN, ANTONIO 3730 SAN SIMEON CIRCLE WESTON FL 33331	PD
GORRIN, ALVARO 400 S. DIXIE HIGHWAY CORAL GABLES FL 33146	VPD

GORRIN, JUAN 10574 NW 51 STREET MIAMI FL 33178	D
BENAVIDES, CARLOS 17720 NW 73 AVE #206 MIAMI FL 33015	VP
GORRIN, ALEJANDRA C 10574 NW 51ST MIAMI FL 33178	TS

Annual Reports

Report Year	Filed Date
2002	01/17/2003
2003	01/17/2003
2004	05/03/2004

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[05/02/2000 -- ANN REP/UNIFORM BUS REP](#)
[04/01/1999 -- ANNUAL REPORT](#)
[04/15/1998 -- ANNUAL REPORT](#)

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