2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING

FILED Mar 19, 2005 08:00 AM DOCUMENT # P97000041462 1. Entity Name **Secretary of State** PANTERA METALWORKS INC. Principal Place of Business Mailing Address 7701 N.W. 36 AVE. HIALEAH FL 33147 7701 N.W. 36 AVE. HIALEAH FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0758427 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEYLERIAN, GERARD Street Address (P.O. Box Number is Not Acceptable) 7701 NW 36 AVENUE MIAMI FL 33147 City 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 Signature, typed or printed name of registered agent and title if applicable DATE INOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change Addition U00000269484 03/19/05-80013-014 150.00 NAME BEYLERIAN, GERARD NAME STREET ADDRESS 7701 NW 36 AVENUE STREET ADDRESS MIAMI FL 33147 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition MARKE NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TOTALE iillié STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Maddition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filling 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 a an officer or director.

Daytime Phone #