


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90048 013 ***158.75

DOCUMENT # P97000050291

1. Entity Name
PAN GROUP INC.



Principal Place of Business
**18665 SW 103 CT
 MIAMI FL 33157**

Mailing Address
**2823 MCKINLEY STREET
 HOLLYWOOD FL 33020**



2. Principal Place of Business - No P.O. Box #
18665-97 SW 103 CT

3. Mailing Address
2823 Mckinley ST

Suite, Apt. #, etc.
MIAMI

Suite, Apt. #, etc.
Hollywood

City & State
FL

City & State
FL

1st MOORE CR2E034 (10/06)

Zip
33157

Country
Dade

Zip
33020

Country
Broward

4. FEI Number **65-0758676**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES, INC.
 4521 PGA BLVD. #211
 PALM BEACH GARDENS FL 33418**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P DARILAS PILIOURAS, VASILIKI 2823 MCKINLEY STREET HOLLYWOOD FL 33020	<input type="checkbox"/> Delete
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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 Section 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: *Vasiliki Darilas Piliouras* **VASILIKI PILIOURAS DARILAS** Jan 26-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **954 9265821**