

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000026334

1. Entity Name  
PANAS CORP.



Principal Place of Business  
C/O ERNESTO GONZALEZ CPA  
2655 LEJEUNE ROAD STE PH-2B  
CORAL GABLES, FL 33134

Mailing Address  
C/O ERNESTO GONZALEZ CPA  
2655 LEJEUNE ROAD STE PH-2B  
CORAL GABLES, FL 33134

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0847260** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ERNESTO GONZALEZ CPA  
2655 LE JEUNE ROAD  
SUITE PH-2B  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000557699  
05/17/06-80061-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MULLER, AUGUATO  
STREET ADDRESS 785 CRANDO BLVD #503  
CITY-ST-ZIP KEY BISCAVNE, FL 33199

TITLE D  
NAME MULLER, PATRICK  
STREET ADDRESS 785 NCRANDO BLVD #503  
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #