

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 25, 2008 8:00 am
Secretary of State**

04-25-2008 90130 013 ***150.00

DOCUMENT # P98000026334		
1. Entity Name PANAS CORP.		

Principal Place of Business C/O ERNESTO GONZALEZ CPA 2655 LE JEUNE ROAD STE PH-2B CORAL GABLES, FL 33134	Mailing Address C/O ERNESTO GONZALEZ CPA 2655 LE JEUNE ROAD STE PH-2B CORAL GABLES, FL 33134
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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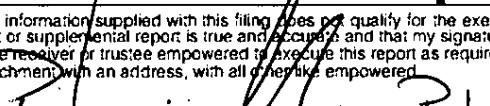
6. Name and Address of Current Registered Agent ERNESTO GONZALEZ CPA 2655 LE JEUNE ROAD SUITE PH-2B CORAL GABLES, FL 33134			
Name Street: Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D MULLER, AUGUATO 785 CRANDON BLVD 503 KEY BISCAYNE, FL 33199	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULLER, PATRICK 785 CRANDON BLVD 503 KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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 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:  **Patrick Muller** **08/04/08** **3053610089**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**