## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Feb 03, 2005 8:00 am Secretary of State

DOCUMENT # P98000083137  1. Entity Name PAN AMERICAN DISTRIBUTORS, INC.					02-03-2005 90033 008 ***150.00				.00		
Principal Place	e of Business		Mailing Address								
3315 N.E. 15TH STREET			3315 N.E. 15TH STREE	٠.,	1						
FT. LAUDERDALE, FL 33304 FT			FT. LAUDERDALE, FL 33304								
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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01132005	01132005 Chg-P CR2E034		34 (10/03)	1 (10/03)		
City & State			City & State			4. FEI Numbe	er .		Ap	plied For	
						65-087	65-0873032 Not Applicable				
Zip		Country	Zip	Count	try	5. Certificate	of Status Desired		88.75 Add ee Require		
	6. Name an	d Address of Current R	egistered Agent			7. Name and	Address of New Ro	egistered A	gent		
DEIGLED ANTHONY LIN					Name						
i BEISLER, ANTHONY J III I 1001 N.E. 26TH STREET					Street Address (P.O. Box Number is Not Acceptable)						
FT. LAUDERDALE, FL. 33305											
					City FL Zip Code					ө	
	named entity si										
j ihe obligat	tions of registere		he purpose of changing its	registere	ed office or regis	tered agent, or bot	th, in the State of Flo	rida. Lam fa	amiliar with,	and accept	
			he purpose of changing its	registere	ed office or regis	tered agent, or bot	th, in the State of Flo	rida. I am fa	amiliar with,	and accept	
signature	tions of registere			·	ed office or regis		th, in the State of Flo	rida. I am fa	amiliar with,	and accept	
	tions of registere	d agent.		·			th, in the State of Flo		emiliar with,	and accept	
SIGNATURE	Signature, hyperd or p	d agent.	d title if applicable. (NOT	E: Registered	d Agent signature requ	and when reinstating)	th, in the State of Flo		emiliar with,	and accept	
S:GNATURE_	Signature, typed or p	d agent.	d title il applicable (NOT	E: Registered	d Agent signature requ	ared when reinstating)	th, in the State of Flo		amiliar with,	and accept	
S:GNATURE_	Signature, typed or p	d agent.  Finted name of registered agent an  EE IS \$150.00	9. Election Campa Trust Fund Cont	E: Registered	d Agent signature requ	5:00 May Be dided to Fees	th, in the State of Flo	DATE			
SIGNATURE	Signature, typed or p	d agent.  Fried neme of registered agent an  EE IS \$150.00  Fee will be \$550.00	9. Election Campa Trust Fund Cont	E: Registered	a Agent sonature requ	5:00 May Be dided to Fees		DATE			
SIGNATURE	Segnature, typed or p  E NOW!!! FI ay 1, 2005 F	d agent.  Fried name of registered agent an  EE IS \$150.00  Fee will be \$550.00  OFFICERS AND D	9. Election Campa Trust Fund Cont	E: Registered sign Finantribution.	d Agent agreetive required	5:00 May Be dided to Fees		DATE	DIRECTOR	S IN 11	
SIGNATURE  FILL  After Ma  10.  TITLE  NAME.  SIREET ADDRESS	Signature, hipped or p  E NOW!!! FI ay 1, 2005 F  D  HOULE-CAS 3315 N.E. 15	d agent.  rinted neme of registered agent an  EE IS \$150.00  GEO WILL BO \$550.00  OFFICERS AND D  SE, ANNE  STH STREET	9. Election Campa Trust Fund Cont	E: Registered tign Finant tribution	d Agent signature required to the control of the co	5:00 May Be dided to Fees		DATE	DIRECTOR	S IN 11	
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TITLE

NAME

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

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 repetiver 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 attach high with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OF DIRECTOR

Daytime Phone #

33073

■ Addition

☐ Change