2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000083137

1. Entity Name
PAN AMERICAN DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
3315 N.E. 15TH STREET FT. LAUDERDALE, FL 33304	3315 N.E. 15TH STREET FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

01092006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0873032	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BEISLER, ANTHONY J III
1001 N.E. 26TH STREET
FT. LAUDERDALE, FL 33305

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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	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HOULE-CASE, ANNE
STREET ADDRESS	3315 N.E. 15TH STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	P
NAME	HOULE, JOSEPH
STREET ADDRESS	3315 NE 15 STREET
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	VP
NAME	OLIVER, BRENDA
STREET ADDRESS	6521 NORTHWEST TERRACE
CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/06-80031-008 150.00

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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: _____   Feb 9-06.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #