

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 007 ***150.00

DOCUMENT # P99000065467

1. Entity Name
PAN AMERICAN CONSULTING, INC.



Principal Place of Business
**2199 PONCE DE LEON BLVD
200
CORAL GABLES, FL 33134**

Mailing Address
**2199 PONCE DE LEON BLVD
200
CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #
150 ALHAMBRA CIRCLE

3. Mailing Address

Suite, Apt. #, etc.
925

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

Zip
33134

Country
DADE

Zip

Country

04292007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0936659

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DADE CORPORATE SERVICES, INC.
2300 CORAL WAY, SUITE 103
MIAMI, FL 33145**

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

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, 2007 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** ☐ Delete
NAME **LOPEZ-CANTERA, CARLOS M**
STREET ADDRESS **150 ALHAMBRA CIRCLE, SUITE 925**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS LOPEZ-CANTERA

4/29/07

305461 0563

Date

Daytime Phone #