

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000099576

1. Entity Name
PAN AMERICAN AT CORAL SPRINGS, INC.



FILED

05 MAY -2 PM 5: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2199 PONCE DE LEON BLVD
SUITE 200
MIAMI, FL 33126

Mailing Address
2199 PONCE DE LEON BLVD
SUITE 200
MIAMI, FL 33126

2. Principal Place of Business

150 Alhambra Circle
Suite, Apt. #, etc.
925

3. Mailing Address

150 Alhambra Circle
Suite, Apt. #, etc.
925



04192005 Chg-P CR2E034 (10/03)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

4. FEI Number
65-0960295

Applied For
Not Applicable

Zip
33134

Country
Dade

Zip
33134

Country
Dade

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME LOPEZ-CANTERA, CARLOS
STREET ADDRESS 2199 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DT ☐ Delete
NAME BLUMENTHAL, STEPHEN A
STREET ADDRESS 2199 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 150 Alhambra Circle, Suite 925
STREET ADDRESS Coral Gables, FL 33134
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 150 Alhambra Circle, Suite 925
STREET ADDRESS Coral Gables, FL 33134
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 600054010256
STREET ADDRESS 05/06/05--01054--024 ***158.75
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
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 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 address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

305-856-0054

Daytime Phone #