## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S00839**

1. Entity Name

PAN AMERICAN LEGAL CENTER INC.



FILED
Mar 01, 2006 08:00 AF
Secretary of State

Principal Place of Business

4211 NW 2ND TERR MIAMI, FL 33126 US Mailing Address

4211 NW 2ND TERR MIAMI, FL 33126 US



02242006

No Chg-P

CR2E034 (11/05)

06

Daytime Phone #

4. FEI Number 65-0401639

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BATISTA, ABEL 4211 NW 2ND TERR MIAMI, FL 33126

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

				IN THIS STACE		
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f 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 \$5.00 May Be Trust Fund Contribution.   Added to Fees		\$5.00 May Be Added to Fees	000000453155 03/14/06-80008-019 150.00	
10.	OFFICERS AND DIREC	TORS		——————————————————————————————————————		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATISTA, ABEL 4211 NW 2ND TERR MIAMI, FL 33126					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-5T-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			IN "	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the corphanged	certify that the information supplied with this it on this report or supplemental report is true a poration or the receiver or trustee empowered , or on an attachment with an address, with all	iling does not coalify for the exe and accurate and that my signat d to execute this report as requir i other like empowered.	mptions co ure shall ha ed by Chap	ntained in Chapter 119 ve the same legal effective oter 607, Florida Statute	D. Florida Statutes. I further certify that the information of as if made under oath, that I am an officer or director as; and that my name appears in Block 10 or Block 11 if	