


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # V05854 1. Entity Name PAN AMIGO, INC.			
Principal Place of Business 19204 W LAKE DR MIAMI, FL 33015 US		Mailing Address 6355 NW 36 ST STE 601 MIAMI, FL 33166 US	
DO NOT WRITE IN THIS SPACE			
		04042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0326568	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, PATRICIA 19204 W LAKE DR MIAMI, FL 33015		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP	DO NOT WRITE IN THIS SPACE	
NAME	JACKSON, JOHN H.		
STREET ADDRESS	19204 W LAKE DR		
CITY-ST-ZIP	MIAMI, FL		
TITLE	ST		
NAME	JACKSON, PATRICIA F.		
STREET ADDRESS	19204 W LAKE DR	DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP	MIAMI, FL		
TITLE	D		
NAME	DIORIO, MARY		
STREET ADDRESS	19204 W. LAKE DR.		
CITY-ST-ZIP	MIAMI, FL 33015		
TITLE		DO NOT WRITE IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
CITY-ST-ZIP			
TITLE			
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)(f), 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: <i>Patricia Jackson</i>		April 4, 2005 829-4881	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	