2003 FOR PROFIT CORPORATION

May 15, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State V05854 DOCUMENT # 05-15-2003 90119 009 ***150.00 1. Entity Name PAN AMIGO, INC. Principal Place of Business Mailing Address 19204 W LAKE DR 6355 NW 36 ST MIAMI FL 33015 STE 601 MIAMI FL 33166 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0326568 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 19204 W LAKE DR **MIAMI FL 33015** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Change TITLE Delete TITLE JACKSON, JOHN H. NAME NAME 19204 W LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE Change NAME JACKSON, PATRICIA F. NAME STREET ADDRESS 19204 W LAKE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TITLE Delete TITLE Change Addition NAME NAME DIORIO, MARY STREET ADDRESS 353 W. 47TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BCH. FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address, with all other like empowered.

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

ACKSON

☐ Addition

☐ Change

FILED

Atlachment Doc HVOSBS/

Pan Amigo, Inc. Suite 601 3536 NW 36th Street Miami, Florida 33166

May 9, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Enclosed is the completed uniform business report form (V05854) FOR Pan Amigo, Inc and the annual fee for 2003.

Although, the payment is a few days late, we respectfully request that the late fee be waived.

I suffer from Tri-Geminal Neuralgia and the latest episode happened in late March. I was forced to double my medication to counter act the pain, which pretty much put me out of commission until last week.

Pan Amigo is a small business, which I operate on a day-to-day basis by myself and when I am unable to function, things tend to drop between the cracks. I had scheduled myself, as I do each year, to submit the report and payment in early April, but due to this latest attack was unable to do so.

I trust that you will understand the circumstances and accept my payment for the annual fee.

Very truly yours,

Patricia F. Jackson Owner & Publisher

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