


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N13115 1. Entity Name PAN AM HISTORICAL FOUNDATION, INC.	
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Principal Place of Business 7236 SW 55 AVE MIAMI, FL 33143 US	Mailing Address 7236 SW 55 AVE MIAMI, FL 33143 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2653271	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent ABRAMS, DAVID 7236 SW 55 AVE MIAMI, FL 33143

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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000211706 02/02/05-80130-007 61 25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEFTON, JENNIE 78 LAWRENCE PARK TERR BRONXVILLE, NY 10708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUNNETTE, C W 49 ST JOHN PLACE NEW CANAAN, CT 06840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOUBLEDAY, GEORGE 2627 LOMBARD STREET SAN FRANCISCO, CA 94123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMS, D. 7236 SW 55TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEIDNER, ANTHONY S 10 WEST 9TH STREET NEW YORK, NY 10011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 617, 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: David Abrams (DAVID ABRAMS) 1/29/05 305-667-2329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone