


FILED
Feb 22, 2005 8:00 am
Secretary of State

1/21

01-21-2005 90080 045 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F0000004693			
1. Entity Name PAMELA EQUITIES CORP.			
Principal Place of Business 3 NEW YORK PLAZA NEW YORK, NY 10021		Mailing Address 3 NEW YORK PLAZA NEW YORK, NY 10021	
2. Principal Place of Business C/O Jerome H. Katz 3 New York Plaza New York, NY 10004 USA		3. Mailing Address C/O Jerome H. Katz 3 New York Plaza New York, NY 10004 USA	
4. FEI Number 13-2694114		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANSOURI, SAFA M 4683 ST. JOHNS BLUFF RD S. #155 JACKSONVILLE, FL 32246		7. Name and Address of New Registered Agent Name: Safa Mansouvi Street Address (P.O. Box Number is Not Acceptable): 4683 St Johns Bluff Rd So. #155 City: Jacksonville FL Zip Code: 32246	
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: <u>Safa Mansouvi</u> DATE: <u>1.4.05</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: POB NAME: MANOCHERIAN, JED STREET ADDRESS: 3 NEW YORK PLAZA CITY-ST-ZIP: NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE: President NAME: Scott Solomon STREET ADDRESS: 3 New York Plaza CITY-ST-ZIP: New York, NY 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: MANOCHERIAN, JOHN STREET ADDRESS: 3 NEW YORK PLAZA CITY-ST-ZIP: NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD NAME: MANOCHERIAN, KIMBERLY STREET ADDRESS: 3 NEW YORK PLAZA CITY-ST-ZIP: NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: KATZ, JEROME H STREET ADDRESS: 3 NEW YORK PLAZA CITY-ST-ZIP: NEW YORK, NY 10004	<input type="checkbox"/> Delete	TITLE: Secretary & Treasurer NAME: Jerome H. Katz STREET ADDRESS: 3 New York Plaza CITY-ST-ZIP: New York, NY 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>		DATE: _____ Daytime Phone # _____	

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01032005 Chg-P CR2E034 (10/03)