


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000004693  
 1. Entity Name  
 PAMELA EQUITIES CORP.



Principal Place of Business C/O JEROMETT KATZ 3 NEW YORK PLAZA NEW YORK, NY 10004	Mailing Address C/O JEROMETT KATZ 3 NEW YORK PLAZA NEW YORK, NY 10004
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**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 13-2694114	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 MANSOURI, SAFA  
 2683 ST JOHN BLUFF RD S. #155  
 JACKSONVILLE, FL 32246

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SOLOMON, SCOTT 3 NEW YORK PLAZA NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T KATZ, JEROME H 3 NEW YORK PLAZA NEW YORK, NY 10004
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 07/18/07-80002-001 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Jerome H Katz* Jerome H KATZ 7/18/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #