



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90150 017 ***150.00

DOCUMENT # P96000040975 1. Entity Name PAH CO.																																																																																																																																							
Principal Place of Business 700 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401 US		Mailing Address % MCGRATH & MEYERS, P.A. 5725 CORPORATE WAY., #101 WEST PALM BEACH, FL 33407 US																																																																																																																																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address C/O Meyers & Associate CPA PA Suite, Apt. #, etc. 5725 Corporate Way #101 City & State West Palm Beach FL Zip Country 33407																																																																																																																																					
																																																																																																																																							
		4. FEI Number 02142005 Chg-P CR2E034 (10/03) 65-0691758 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 ARNOLD, ROBERT J C/O MCGRATH & MEYERS PA 5725 CORPORATE WAY #101 WEST PALM BEACH, FL 33407		7. Name and Address of New Registered Agent Name Gail C. Meyers Street Address (P.O. Box Number is Not Acceptable) C/O Meyers & Associate CPA PA 5725 Corporate Way #101 City West Palm Beach FL Zip Code 33407																																																																																																																																					
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>Gail C. Meyers</u> DATE <u>2/27/05</u> <small>Signature, typed or printed name of registered agent and useful applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																							
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																																																																																																																																					
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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 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>Gail C. Meyers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2/27/05</u> Daytime Phone # <u>561-684-6604</u>																																																																																																																																					