2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000023

1. Entity Name PAMÍ-LEMB III INC.

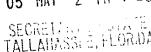
Principal Place of Business

US

Mailing Address

745 SEVENTH AVENUE NEW YORK, NY 10019 **70 HUDSON STREET** JERSEY CITY, NJ 07302

FILED 05 MAY -2 PH 4: 25







No Chg-P 04182005 CR2E034 (10/03)

4.	FEI Number
	13-4088900

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees		-		
10.	OFFICERS AND DIREC	TORS				·		
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD CHO, YON K 745 SEVENTH AVENUE NEW YORK, NY 10019			500054233765 05/10/0501100001 **5200.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKENNA, CHRISTOPHER S 745 SEVENTH AVENUE NEW YORK, NY 10019	NOT WOITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET AODRESS 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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. O'Brien

04119 ios

(201)499-6664

Daytime Phone #