


**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

**DO NOT WRITE IN THIS SPACE**



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 13-2694114

Applied For  
 Not Applicable

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

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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 \_\_\_\_\_ 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	P
NAME	SOLOMON, SCOTT
STREET ADDRESS	3 NEW YORK PLAZA
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	S/T
NAME	KATZ, JEROME H
STREET ADDRESS	3 NEW YORK PLAZA
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 07/18/07-80002-001 150.00

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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 7/18/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #