2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000004693

1. Entity Name

PAMELA EQUITIES CORP.



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business

18 E 50TH ST

NEW YORK, NY 10022

Mailing Address

18 E 50TH ST

NEW YORK, NY 10022



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07082008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-2694114

5. Certificate of Status Desired

4. Applied For Not Applicable

5. Certificate of Status Desired

5. Required

6. Name and Address of Current Registered Agent

MANSOURI, SAFA 2804 ST. JOHNS BLUFF RD. S., SUITE 200 JACKSONVILLE, FL. 32246

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the obliga	tions of registered agent.	. ,			
SIGNATURE.	Signature, typed or printed name of registered agent and tab	e if applicable (NOTE: Registered	d Agent signature	required when reinstating}	DATE
	LE NOW!!! FEE IS \$550.00 lue by September 12, 2008	9. Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000955791 07/22/08-80007-006 550.00
10.	OFFICERS AND DIRECTORS		3.3°		
TITLE	P				
NAME STREET ADDRESS	SOLOMON, SCOTT 18 E 50TH ST			. ,	
A.214 AT 210	NEW YORK AND 40000				

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

CITY-ST-ZIP NEW YORK, NY 10022 TITLE NAME KATZ, JEROME H STREET ADDRESS 18 E 50TH ST CITY-ST-ZIP NEW YORK, NY 10022 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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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:

NAME STREET ADDRESS CITY+ST-ZIP

IGNATOR AND TYPED OR PRIATED NAME OF BIOWING OFFICER OR DIRECTOR

7/15/08

Daytma Phone #