


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000001916</b> 1. Entity Name <b>PAOMAR INC.</b>	
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Principal Place of Business  
**C/O GC CONSULTANTS  
444 MADISON AVENUE  
NEW YORK, NY 10022**

Mailing Address  
**C/O BRUCE LEVINSON  
747 THIRD AVE., 4TH FLOOR  
NEW YORK, NY 10017-2803**

**DO NOT WRITE IN THIS SPACE**



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0849162</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BORRA, GIANNI M 444 MADISON AVENUE NEW YORK, NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BORRA, PAOLA 444 MADISON AVENUE NEW YORK, NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEVINSON, BRUCE 747 THIRD AVENUE, 4TH FLOOR NEW YORK, NY 10017-2803</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BRUSA, GIUSEPPE 444 MADISON AVENUE NEW YORK, NY 10022</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/25/06-80023-006 150.00

**DO NOT WRITE  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #