

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90787 001 *6,061.25

DOCUMENT # F98000003164

1. Entity Name
PAMI-FL13, INC.



Principal Place of Business

745 7TH AVE
NEW YORK, NY 10019

Mailing Address

70 HUDSON STREET
JERSEY CITY, NJ 07302

66013462



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3635564

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET
STE 105
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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHO, YON K
STREET ADDRESS	745 7TH AVE
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	VS
NAME	O'BRIEN, BARRY J
STREET ADDRESS	70 HUDSON ST
CITY - ST - ZIP	JERSEY CITY, NJ 07302
TITLE	V
NAME	MCKENNA, CHRISTOPHER S
STREET ADDRESS	745 7TH AVE
CITY - ST - ZIP	NEW YORK, NY 10019

**DO NOT WRITE
IN THIS SPACE**

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

04110106

Date

201 499 6899

Daytime Phone #