

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F98000003164</b> 1. Entity Name <b>PAMI-FL13, INC.</b>			<b>FILED</b> <b>07 MAY -9 PM 3:07</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>  04172007 No Chg-P CR2E034 (11/05)
<b>Principal Place of Business</b> 745 7TH AVE NEW YORK, NY 10019		<b>Mailing Address</b> 70 HUDSON STREET JERSEY CITY, NJ 07302	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>6. Name and Address of Current Registered Agent</b>  THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET STE 105 TALLAHASSEE, FL 32301-2525		<b>DO NOT WRITE IN THIS SPACE</b>	
<b>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.</b>			
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	PD	<div style="font-size: 1.2em;">800103022248</div> <div style="font-size: 0.8em;">05/22/07--01035--001 **6900.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
<b>NAME</b>	CHO, YON K		
<b>STREET ADDRESS</b>	745 7TH AVE		
<b>CITY-ST-ZIP</b>	NEW YORK, NY 10019		
<b>TITLE</b>	VS		
<b>NAME</b>	O'BRIEN, BARRY J		
<b>STREET ADDRESS</b>	70 HUDSON ST		
<b>CITY-ST-ZIP</b>	JERSEY CITY, NJ 07302		
<b>TITLE</b>	V		
<b>NAME</b>	MCKENNA, CHRISTOPHER S		
<b>STREET ADDRESS</b>	745 7TH AVE		
<b>CITY-ST-ZIP</b>	NEW YORK, NY 10019		
<b>TITLE</b>			
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>			
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<b>TITLE</b>			
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>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.</b>			
<b>SIGNATURE:</b> 		<b>Barry J. O'Brien 04/17/07 (201) 499-6899</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>