




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000003166 1. Entity Name PAMI-FL12 INC.			FILED 07 MAY -9 PM 12: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business 745 7TH AVE NEW YORK, NY 10019 US</div><div>Mailing Address 70 HUDSON ST JERSEY CITY, NJ 07302 US</div></div>		 04172007 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;">P CHO, YON K 745 7TH AVE NEW YORK, NY 10019</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;">D FLANNERY, JOSEPH J 745 7TH AVE NEW YORK, NY 10019</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;">V O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;">S MARRE, JENNIFER 745 7TH AVE NEW YORK, NY 10019</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;">AT BOB FLYNN, KATHERYN M 745 7TH AVE NEW YORK, NY 10019</div>		
<small>TITLE NAME STREET ADDRESS CITY - ST - ZIP</small>	<div style="border: 1px solid black; padding: 2px;"> </div>		
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.			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div>Barry J. O'Brien 04/17/07 (201) 499-6899 <small>Date Daytime Phone #</small></div></div>			