

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000003167

1. Entity Name
PAMI-FL1 INC.



Principal Place of Business
745 SEVENTH AVENUE
NEW YORK, NY 10019 US

Mailing Address
70 HUDSON STREET
JERSEY CITY, NJ 07302 US

FILED

05 MAY -2 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182005 No Chg-P CR2E034 (10/03)

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4. FEI Number
22-3635243

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
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, 2005 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 SEVENTH AVENUE
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	VS
NAME	O'BRIEN, BARRY J
STREET ADDRESS	70 HUDSON STREET
CITY - ST - ZIP	JERSEY CITY, NJ 07302
TITLE	V
NAME	MCKENNA, CHRISTOPHER S
STREET ADDRESS	745 SEVENTH AVENUE
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

200054233872
05/10/05--01100--001 **\$200.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Barry J. O'Brien

04/19/05 (201) 499-6664

Date

Daytime Phone #