

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 AM
Secretary of State

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



03252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000902409
04/30/08 80005-001 6000.00

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
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

Barry J. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/08
Date

(201) 499-6664
Daytime Phone #