

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182005 Chg-P CR2E034 (10/03)

DOCUMENT # F98000003168					
1. Entity Name PAMI-FL10 INC.					
Principal Place of Business 745 SEVENTH AVENUE NEW YORK, NY 10019			Mailing Address 70 HUDSON ST JERSEY CITY, NJ 07302		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 22-3635244	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHO, YON K		NAME	300054233293	
STREET ADDRESS	745 SEVENTH AVENUE		STREET ADDRESS	05/10/05--01100--001 **\$200.00	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, BARRY J		NAME	Barry J. O'Brien	
STREET ADDRESS	70 HUDSON ST		STREET ADDRESS	70 Hudson St. Jersey City NJ 07302	
CITY-ST-ZIP	JERSEY CITY, NJ 07302		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOPP FLYNN, KATHRYN M		NAME	Aaron J. Ciuth	
STREET ADDRESS	745 SEVENTH AVENUE		STREET ADDRESS	745 7th Ave. New York, NY 10019	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRE, JENNIFER		NAME	Brian Barry	
STREET ADDRESS	745 SEVENTH AVENUE		STREET ADDRESS	745 7th Ave. New York, NY 10019	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANNERY, JOSEPH J		NAME	Yon K. Cho	
STREET ADDRESS	745 SEVENTH AVENUE		STREET ADDRESS	745 7th Ave. New York, NY 10019	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

Barry J. O'Brien 04/19/05 (201) 499-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #