

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90787 001 \*6,061.25

**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

66013439



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006

Chg-P

CR2E034 (11/05)

4. FEI Number  
22-3635244

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME CHO, YON K  
STREET ADDRESS 745 SEVENTH AVENUE  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE VS ☐ Delete  
NAME O'BRIEN, BARRY J  
STREET ADDRESS 70 HUDSON ST  
CITY-ST-ZIP JERSEY CITY, NJ 07302

TITLE AS ☐ Delete  
NAME GUTH, AARON J  
STREET ADDRESS 745 SEVENTH AVENUE  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE G ☐ Delete  
NAME BRIAN, BARRY  
STREET ADDRESS 745 SEVENTH AVENUE  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE D ☐ Delete  
NAME CHO, YON K  
STREET ADDRESS 745 SEVENTH AVENUE  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME S  
STREET ADDRESS Orian, BARRY  
CITY-ST-ZIP 745 Seventh Avenue  
New York, NY 1001A

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/06

Date

201 499 6899

Daytime Phone #