2007 FOR PROFIT CORPORATION

ANNUAL REPORT FILED DOCUMENT # F98000003168 1. Entity Name 07 MAY -9 PM 12: 02 PAMI-FL10 INC. SECRETARY OF STATE Principal Place of Business TALLAHASSEE, FLORIDA Mailing Address 70 HUDSON ST 745 SEVENTH AVENUE NEW YORK, NY 10019 JERSEY CITY, NJ 07302 No Chg-P CR2E034 (11/05) 04192007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3635244 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHO, YON K NAME 745 SEVENTH AVENUE STREET ADDRESS 500103022195 05/22/07--01035--001 **6900.00 CITY-ST-ZIP NEW YORK, NY 10019 TITLE O'BRIEN, BARRY J NAME 70 HUDSON ST STREET ADDRESS JERSEY CITY, NJ 07302 CITY-ST-ZIP TITLE **GUTH, AARON J** NAME STREET ADDRESS 745 SEVENTH AVENUE DO NOT WRITE NEW YORK, NY 10019 CITY-ST-7IP TITLE IN THIS SPACE NAME **BRIAN, BARRY** 745 SEVENTH AVENUE STREET ADDRESS NEW YORK, NY 10019 C!TY - ST - ZIP TITLE CHO, YON K NAME 745 SEVENTH AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019 TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

Barry J. O'Brien

10/19/140

(201) 499-6899

Daytime Phone #