


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003169		
1. Entity Name PAMI-FL11 INC.		

Principal Place of Business 745 SEVENTH AVENUE NEW YORK, NY 10019 US	Mailing Address 70 HUDSON STREET JERSEY CITY, NJ 07302 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent			
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THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			
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7. Name and Address of New Registered Agent			
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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.			
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHO, YON K 745 SEVENTH AVENUE NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700054233257 05/10/05--01100--001 **\$200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRE, JENNIFER 745 SEVENTH AVENUE NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Brian Barry 745 7th Ave. New York, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VS Barry J. O'Brien 70 Hudson St. Jersey City, NJ 07302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BOPP FLYNN, KATHRYN M 745 SEVENTH AVENUE NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS Aaron J. Guth 745 7th Ave. New York, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNERY, JOSEPH J 745 SEVENTH AVENUE NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Yon K. Cho 745 7th Ave. New York, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.			
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Barry J. O'Brien	04/19/05	(201) 499-6664
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[Handwritten signature]



04182005 Chg-P CR2E034 (10/03)

4. FEI Number 22-3635245	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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