

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -9 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003170

1. Entity Name
PAMI-FL6 INC.



Principal Place of Business
745 SEVENTH AVENUE
NEW YORK, NY 10019 US

Mailing Address
101 HUDSON ST
39TH FLOOR
JERSEY CITY, NJ 07302 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192007

Chg-P

CR2E034 (12/06)

4. FEI Number
22-3635561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET
STE 105
TALLAHASSEE, FL 32301

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **000103022140**
STREET ADDRESS **05/22/07--01035--001 **6900.00**
CITY-ST-ZIP

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

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

TITLE D ☐ Delete
NAME CHO, YON K
STREET ADDRESS 745 7TH AVE
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE V ☐ Delete
NAME MCKENNA, CHRISTOPHER S
STREET ADDRESS 745 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Barry J. O'Brien

Barry J. O'Brien

04/19/07

(201) 499-6899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #