

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



04182005 Chg-P CR2E034 (10/03)

4. FEI Number
22-3635560
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F98000003172
1. Entity Name
PAMI-FL5 INC.



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

Mailing Address
70 HUDSON ST
JERSEY CITY, NJ 07302 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE D
NAME FLANNERY, JOSEPH J
STREET ADDRESS 745 SEVENTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

SIGNATURE: *[Handwritten 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 #