

**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 # 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**

**66013434**



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**22-3635560**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
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)

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #