

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAY -2 PM 4:26

SECRET
TALLAHASSEE, FLORIDA



04182005 No Chg-P CR2E034 (10/03)

DOCUMENT # F98000003174
 1. Entity Name
PAMI-FL9 INC.



Principal Place of Business 745 SEVENTH AVENUE NEW YORK, NY 10019 US	Mailing Address 710 HUDSON STREET JERSEY CITY, NJ 07302 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3635563	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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.

SIGNATURE _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	P CHO, YON K 745 SEVENTH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRE, JENNIFER 745 SEVENTH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, BARRY J 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNERY, JOSEPH J 745 SEVENTH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500054233925
 05/10/05--01100--001 **\$200.00

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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: Barry J. O'Brien Barry J. O'Brien 04/19/05 (201) 499-6664
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #