2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000003174

1. Entity Name PAMI-FL9 INC.



Principal Place of Business

745 SEVENTH AVENUE NEW YORK, NY 10019 U Mailing Address

710 HUDSON STREET JERSEY CITY, NJ 07302

US

FILED

05 HAY -2 PH 4: 26





04182005

No Chg-P

CR2E034 (10/03)

4. FEI Number 22-3635563

Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the pions of registered agent. | urpose of changing its regis | stered office or re | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept | _ |
|---|---|--|------------------------|--------------------------------|--|---|
| SIGNATURE. | | <u> </u> | | | | |
| | Signature, typed or printed name of registered agent and title it | applicable. (NOTE: Regi | stered Agent signature | required when reinstating) | DATE | |
| FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | Efection Campaign Find Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | - · · · · · | <u></u> | _ |
| 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 | | | 05/1 | 00054 233925 0/0501100001 **5200.00 | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | V O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302 | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP | AT BOPP FLYNN, KATHRYN M 745 SEVENTH AVENUE NEW YORK, NY 10019 | | | IN ' | THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLANNERY, JOSEPH J 745 SEVENTH AVENUE NEW YORK, NY 10019 | | | | | |
| NAME STREET ADDRESS | | | | | | |

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J. O'Brien

04119105

(2017499-6664

Dai

Daytime Phone #