


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F98000003174</b>	
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**



03252008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3635563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

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04/30/08-80005-001 6000.00

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 **04/03/08** **(201)499-6664**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #