2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90787 001 *6,061.25

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DOCUMENT # F98000003175

1. Entity Name
PAMI-FL3 INC.

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

Mailing Address
70 HUDSON STREET
JERSEY CITY, NJ 07302 US

04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3635558
☐ 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
STE 105
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 _____
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	P
NAME	CHO, YON K
STREET ADDRESS	745 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	V
NAME	O'BRIEN, BARRY J
STREET ADDRESS	70 HUDSON ST
CITY-ST-ZIP	JERSEY CITY, NJ 07302
TITLE	S
NAME	MARRE, JENNIFER
STREET ADDRESS	745 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	AT
NAME	BOPP FLYNN, KATHRYN M
STREET ADDRESS	745 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	D
NAME	FLANNERY, JOSEPH J
STREET ADDRESS	745 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04/10/06 201 499 6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #