

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED

07 MAY -9 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*



04172007 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 <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  
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, 2007 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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**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

*[Handwritten signature]* Barry J O'Brien

04/17/07

(201) 499-6899

Date

Daytime Phone #