

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # F98000006929

1. Entity Name  
PAMI RENAR GOLF INC.



Principal Place of Business  
745 7TH AVE  
NEW YORK, NY 10019 US

Mailing Address  
70 HUDSON STREET  
JERSEY CITY, NJ 07302 US

FILED  
05 MAY -2 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
13-4034917

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
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, 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 P  
NAME BLAKELY, KAREN  
STREET ADDRESS 745 7TH AVE  
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 7TH AVE  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE D  
NAME FLANNERY, JOSEPH J  
STREET ADDRESS 745 7TH AVE  
CITY-ST-ZIP NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700054234167  
05/10/05--01100--001 \*\*\$200.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Barry J. O'Brien* Barry J. O'Brien 04/19/05 (201) 499-6664