SIGNATURE:

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90787 001 *6,061.25

201 499 6899

Daytima Phone #

04/10/06

Date

DOCUMENT # F9900000336 1. Entity Name PAMI-FL17 INC.									03-01-2000	20/0/	001 0,00	1.23
Principal Place of Business 745 SEVENTH AVENUE NEW YORK, NY 10019 US				Mailing Address 70 HUDSON STREET JERSEY CITY, NJ 07302				66013446				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt, #, etc.					04072006	Chg-P	CR2E	034 (11/05)	
City & State			City & State					4. FEI Numb 22-364			No	pplied For ot Applicable
Zip Country				Zip Coun			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE, FL 32301-2525								THE TOTAL CONTROL OF THE CONTROL OF		<u> </u>		
						City				FL	Zip Cod	e
the obligat	named entity tions of regist	y submits this statement fo ered agent.	ir the pu	urpose of changing its	registere	ed office o	r register	ed agent, or bo	th, in the State of Flo	rida, Larr	familiar with,	and accept
SIGNATURE_	Signature, typed	or printed name of registered agent	and tille if	applicable. (NOTE	E Registere	d Agent signal	ture required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.						ncing		00 May Be ed to Fees				
10.	OFFICERS AND			DIRECTORS 11.				ADDITIONS.	CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-SI-ZIP	1	NTH AVENUE		☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	V O'BRIEN, 70 HUDS			☐ Delete	TITLE NAMI STRE	:	l	rien, Barn Idan 94	y J	1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARRE, 3 745 SEVE	JENNIFER ENTH AVENUE RK, NY 10019		☐ Delete	TITLE NAMI STRE		S Bar 145	Seventh	n Avenue Y 10019		☐ Change	Addition
ITTLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete			<u></u>				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						_	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defate							☐ Change	Addition
indicated of the cor	l on this repor	e information supplied with it or supplemental report is ne receiver or trustee empa achment with an address.	s true ar owered	nd accurate and that π to execute this report	ny signat as requit	ture shall h	nave the s	same legal effec	ot as if made under d	ath: that I	am an officer	or director