2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F99000000336

1. Entity Name
PAMI-FL17 INC.

Principal Place of Business	Mailing Address
745 SEVENTH AVENUE NEW YORK, NY 10019 US	70 HUDSON STREET JERSEY CITY, NJ 07302

DO NOT WRITE IN THIS SPACE

FILED

07 MAY -9 PM 3: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04172007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
22-3646394	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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, 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	PD
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	BARRY, BRIAN
STREET ADDRESS	745 SEVENTH AVENUE
CITY-ST-ZIP	NEW YORK, NY 10019

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
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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: _____ Barry J. O'Brien 04/17/07 (201) 499-6899

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