2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000000339 FILED 1. Entity Name PAMI-FL15 INC. 07 MAY -9 PM 3: 09 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE. FLORIDA 745 SEVENTH AVENUE 70 HUDSON STREET NEW YORK, NY 10019 JERSEY CITY, NJ 07302 04172007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3635571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CHO, YON K NAME STREET ADDRESS 745 SEVENTH AVENUE CITY-ST-ZIP NEW YORK, NY 10019 O'BRIEN, BARRY J NAME STREET ADDRESS 70 HUDSON ST CITY-ST-ZIP JERSEY CITY, NJ 07302 TITLE MCKENNA, CHRISTOPHER S NAME STREET ADDRESS 745 SEVENTH AVENUE DO NOT WRITE NEW YORK, NY 10019 CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

Barry J.orBrien

70 11 140

(201) 499-6899

Date

Daytime Phone #