

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90787 001 *6,061.25

DOCUMENT # F99000000341

1. Entity Name
PAMI-FL8 INC.



Principal Place of Business
745 SEVENTH AVENUE
NEW YORK, NY 10019

Mailing Address
70 HUDSON STREET
JERSEY CITY, NJ 07302

66013437



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
22-3635573

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

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

**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, 2006 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 | VS |
| NAME | O'BRIEN, BARRY J |
| STREET ADDRESS | 70 HUDSON ST |
| CITY-ST-ZIP | JERSEY CITY, NJ 07302 |
| TITLE | V |
| NAME | MCKENNA, CHRISTOPHER S |
| STREET ADDRESS | 745 SEVENTH AVENUE |
| CITY-ST-ZIP | NEW YORK, NY 10019 |
| TITLE | D |
| NAME | CHO, YON K |
| STREET ADDRESS | 745 SEVENTH AVENUE |
| CITY-ST-ZIP | NEW YORK, NY 10019 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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

04/10/06

Date

201 4996899

Daytime Phone #