


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000006639	
1. Entity Name PAMI-LEMB I INC.	

Principal Place of Business 745 SEVENTH AVENUE NEW YORK, NY 10019	Mailing Address 70 HUDSON STREET JERSEY CITY, NJ 07302
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DO NOT WRITE IN THIS SPACE

FILED  
05 MAY -2 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04182005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4088895	Applied For <input type="checkbox"/> Not Applicable
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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

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 \_\_\_\_\_ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHO, YON K 745 SEVENTH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKENNA, CHRISTOPHER S 745 SEVENTH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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500054233845  
05/10/05--01100--001 \*\*\$200.00

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:  Barry J. O'Brien	04/19/05 (201) 499-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #