

2007 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

FILED
07 MAY -9 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4088895

Applied For
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

**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, 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	P
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	VD
NAME	MCKENNA, CHRISTOPHER S
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	

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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: *[Handwritten 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 #