


# 2005- FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 30, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # J80314</b> 1. Entry Name <b>PAMATAP, INC.</b>					
Principal Place of Business <b>5335 N. MILITARY TR. #36 WEST PALM BEACH FL 33407</b>				Mailing Address <b>5335 N. MILITARY TR. #36 WEST PALM BEACH FL 33407</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2821794</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WHITE, CHARLES R. L., ESQ. 535 E. INDIANTOWN RD. JUPITER FL 33477</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D <b>SATERNIS, PATRICIA, C</b> <b>5166 PEPPERCORN ST</b> <b>PALM BCH GARDENS FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP <b>SATERNIS, MICHAEL J</b> <b>5166 PEPPERCORN ST</b> <b>PALM BCH GARDENS FL 33418</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Patricia C. Saternis</i> <b>Patricia Saternis</b> 4/25/05 561 683-3450 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E034 (10/04)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution. ☐ Added to Fees

U00000349485  
 05/02/05-80065-025 150.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

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