


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000042594	
1. Entity Name PAMI MANAGEMENT, INCORPORATED	

Principal Place of Business 4983 RINGWOOD MEADOW SARASOTA FL 34235	Mailing Address 4983 RINGWOOD MEADOW SARASOTA FL 34235
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E034 (11/03)

4. FEI Number 65-1002835	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERRELL, HUGH C 22 S. TUTTLE AVE., STE. 4 SARASOTA FL 34237

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	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	D	<input type="checkbox"/> Delete
NAME	RUBIN, MEL	
STREET ADDRESS	2055 WOOD ST., STE. 202	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPARD, DOUGLAS	
STREET ADDRESS	1680 GEORGETOWNE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIEBUSCH, ROBERT	
STREET ADDRESS	1685 GEORGETOWNE BLVD.	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	D	<input type="checkbox"/> Delete
NAME	ECKERT, BEVERLY	
STREET ADDRESS	7121 ST. JOHNS WAY	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEELY, JOAN	
STREET ADDRESS	2632 SUNNYSIDE ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U000000085427
03/11/04-80048-007 150.00

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: 	3/3/04	941-365-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #