2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

GNATURE AND TYPED OR PRINTED NAME OF

## Apr 28, 2004 8:00 am Secretary of State DOCUMENT # P03000039064 1. Entity Name 04-28-2004 90185 031 \*\*\*150.00 PAM'S FUNSATIONS, INC. Principal Place of Business Mailing Address OJ 1 COURY 2955 NE 7TH AVE. 2955 NE 7TH AVE. SUITE 29 MIAMI FL 33137 MIAM! FL 33137 2. Principal Place of Business 3. Mailing Address PO Pox 8080 Austria Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number rtα. Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent SUTTER, PAMELA-M-2955 NE 7TH AVE. SUITE 29 **MIAMI FL 33137** 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 egistered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition Delete TITLE TITLE Sutter, Pamela M. 8080 Austeian Blvd. SUTTER, PAMELA M NAME NAME STREET ADDRESS 2955 NE 7TH AVE, SUITE 29 STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 oth SIGNATURE:

FILED