## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000131310

Entity Name: PAME CORP.

FILED Jan 18, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

303 191ST STREET 303 191ST STREET

SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address: New Mailing Address:

303 191ST STREET 303 191ST STREET

SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 US

FEI Number: 20-3978901 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEREZ, AVELINO D
11401 SW 40TH ST.
309
MIAMI, FL 33165 US

PEREZ, AVELINO D
11401 SW 40TH STREET
SUITE #309
MIAMI, FL 33165 US

MIAMI, FL 33165 US

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.

SIGNATURE: AVELINO PEREZ 01/18/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 OSORIO, ANIBAL
 Name:
 OSORIO, ANIBAL

 Address:
 12130 SW 2ND ST.
 Address:
 10555 BLUE PALM STREET

 City-St-Zip:
 PLANTATION, FL 33325
 City-St-Zip:
 PLANTATION, FL 33324 US

Title: T ( ) Delete Title: TD (X) Change ( ) Addition

Name: LOPEZ, JULIETA Name: LOPEZ, JULIETA

Address: 12130 SW 2ND ST. Address: 10555 BLUE PALM STREET
City-St-Zip: PLANTATION, FL 33325 City-St-Zip: PLANTATION, FL 33324 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANIBAL OSORIO PD 01/18/2009