

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2006 08:00 AM  
Secretary of State

DOCUMENT # P95000075789

1. Entity Name  
PAMWILL ENTERPRISES, INC.



Principal Place of Business  
7837 W. SAMPLE ROAD  
110  
CORAL SPRINGS, FL 33065 US

Mailing Address  
7378 W. ATLANTIC BLVD  
217  
MARGATE, FL 33065 US



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0617961	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLOZOW, BONNIE  
11162 LAKEVIEW DRIVE  
CORAL SPRINGS, FL 33071

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOZOW, BONNIE 11162 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071
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05/02/06-80027-018 150.00

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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: BONNIE KLOZOW 04/18/06 954-255-1444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #