

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90111 035 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 7837 W. Sample Rd		3. Mailing Address 7378 W. ATLANTIC Blvd			
Suite, Apt. #, etc. SUITE 106		Suite, Apt. #, etc. #217		04162008 Chg-P CR2E034 (12/06)	
City & State CORAL SPRINGS, FL.		City & State MARGATE, FL.		4. FEI Number 65-0617961	
Zip 33065		Country USA		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Bonnie Kozow</i></u> BONNIE KLOZOW - PRESIDENT 04/18/08 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President <input type="checkbox"/> Delete NAME KLOZOW, BONNIE STREET ADDRESS 11162 LAKEVIEW DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33071	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 		
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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: <u><i>Bonnie Kozow</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/18/08 954-255-1444 <small>Date Daytime Phone #</small>		