2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

| Mailing Address Mailing Address Mailing Address Mark Ma | DOCUMENT # P95000075789 1. Entity Name PAMWILL ENTERPRISES, INC. | | | | Secretary of State 04-24-2008 90111 035 ***150.00 | | | |
|--|--|---|--|---|--|--|-------------------------------------|--|
| TATE SUIT ALL SAME SUIT ALL SUITS AND SUITS AN | 7837 W. SAMPLE ROAD 7378 W. ATLANTIC BLVD | | | | 4 (184151) DE JOSE SAND BERN SE | SS 8800 8800 8800 8800 8800 8800 8 | H es a I I (16 8) | |
| City & State St | 783 Suite, Apt. | 57 W. Sames & | 3 7378 V Suite, Apt. #, etc. | J. ATLANTI | i | CR2E034 (12/06) | | |
| ## STATE ANDRESS State Country State | City & Stat | te _ | City & State | | 1 | —————————————————————————————————————— | · | |
| Name and Address of Current Registered Agent | Zip _ | _ Country | Zip | Country | | red | litional | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | | 7. Name and Address of N | <u></u> | | |
| Sircel Address (P.O. Box Number is Not Acceptable) City FL Zip Code FL Zip Code | KLOZOW BONNIE | | | Name | Name | | | |
| B. The above named entity submits this statement for the propose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of rights specially specia | 11162 LAKEVIEW DRIVE | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | |
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| ### Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 11. ITILE | the obligat | tions of egistered agent | Ma) B | onnie K | LOZOW - PRESID | 1 14 1 THE | 8) % | |
| TITLE NAME Clarge Addition NAME NAME | FIL | E NOWN 10 6455 65 | | | | | | |
| NAME STRET ADDRESS 1162 LAKEVIEW DRIVE CORAL SPRINGS, FL 33071 Detete NAME STRET ADDRESS CITY-ST-ZP | | | | · - · | | | | |
| CITY-ST-ZP CORAL SPRINGS, FL 33071 TITLE NAME STRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS | After Ma | ay 1, 2008 Fee will be \$550. OFFICERS AND | OO Trust Fund Contril DIRECTORS | bution. 11. | Added to Fees | | | |
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| CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information | After Mi 10. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | OFFICERS AND OFFICERS AND President KLOZOW, BONNIE 11162 LAKEVIEW DRIVE | Trust Fund Contril Delete Delete Delete Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | Added to Fees | ☐ Change ☐ Change ☐ Change ☐ Change | Addition Addition Addition Addition | |

indicated on this report or supplemental report is frue 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:

ATURE AND TYPED OR PRINTED NAME OF SCHOOL OFFICER OR DIRECTOR

04/18/08

954-255-144