

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000024562

1. Entity Name
PA MA FER, INC.



Principal Place of Business

7800 W. OAKLAND PARK BLVD
BLDG. "G"
SUNRISE, FL 33351

Mailing Address

7800 W. OAKLAND PARK BLVD
BLDG. "G"
SUNRISE, FL 33351



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0794908

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APIERRE, REJEAN M
7800 W. OAKLAND PARK BLVD.
BLDG. "G"
SUNRISE, FL 33351

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000082472
03/09/04-80031-011 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BOUCHER, JEAN M
2019 GREY AVENUE
MONTREAL, CANADA H4A3N3,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GRESSE, FRANÇOISE
2019 GREY AVENUE
MONTREAL, CANADA H4A3N3,

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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 other like empowered.

JEAN M BOUCHER PRES

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.05.04 954-441-8802

Date

Daytime Phone #