


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 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



02282005 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 <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAPIERRE, 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, 2005 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	D BOUCHER, JEAN M 2019 GREY AVENUE MONTREAL, CANADA H4A3N3,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRESSE, FRANCOISE 2019 GREY AVENUE MONTREAL, CANADA H4A3N3,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/02/05-80028-014 150.00

**DO NOT WRITE
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)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN M BOUCHER

2-28-05

Date

954-749-8802

Daytime Phone #