

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

**FILED  
Mar 23, 2006 8:00 am  
Secretary of State**

03-23-2006 90011 049 \*\*\*150.00

4003107 -



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0794908	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: *Jean M. Boucher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN M. BOUCHER 3-14-06 954-749-8863

Date

Daytime Phone #