

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040975

FILED  
Apr 07, 2009  
Secretary of State

Entity Name: PAH CO.

**Current Principal Place of Business:**

700 SOUTH OLIVE AVENUE  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MEYERS & ASSOCIATES CPA PA  
5725 CORPORATE WAY., #101  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

C/O MEYERS & ASSOCIATES CPA PA  
5725 CORPORATE WAY, #101  
WEST PALM BEACH, FL 33407 US

FEI Number: 65-0691758

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYERS, GAIL C  
C/O MEYERS & ASSOCIATES CPA PA  
5725 CORPORATE WAY #101  
WEST PALM BEACH, FL 33407 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: HALMOS, PETER  
Address: 700 S OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: MEYERS, GAIL C  
Address: 5725 CORPORATE WAY #101  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S ( ) Delete  
Name: HALMOS, NICHOLAS K  
Address: 700 S OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HALMOS, PETER  
Address: 700 S OLIVE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL C. MEYERS

T

04/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date