

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040975

Entity Name: PAH CO.

FILED
Apr 07, 2009
Secretary of State

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