2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# P97000069074

Entity Name: PAM, F. INC.

Current Principal Place of Business:

44294 HWY 27
DAVENPORT, FL 33897 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 135065
CLERMONT, FL 347135065 US

New Mailing Address:

FEI Number: 59-3461395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIORINO, GIULIO
17525 SUNSET TERRACE
WINTER GARDEN, FL 34787 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:	D	( ) Delete
Name:	FIORINO, GIULIO	
Address:	17525 SUNSET TERRACE	
City-St-Zip:	WINTER GARDEN, FL 34787	
Title:	VP	( ) Delete
Name:	FIORINO, PETER	
Address:	2811 HAMLIN TR	
City-St-Zip:	CLERMONT, FL 34711	
Title:	T	( ) Delete
Name:	FIORINO-RAGNI, MICHELLE	
Address:	10853 VISTA DEL SOL CIRCLE	
City-St-Zip:	CLERMONT, FL 34711	
Title:	VP	(X) Delete
Name:	RAGNI, FRANK	
Address:	10853 VISTA DEL SOL CIR	
City-St-Zip:	CLERMONT, FL 34711	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 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: GIULIO FIORINO PS 04/24/2005

Electronic Signature of Signing Officer or Director Date