


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State


DOCUMENT # G23128
 1. Entity Name
PARAMOUNT SALES & CONSULTING, INC.



Principal Place of Business
**1020 S.W. 10TH AVENUE
 BAY #6
 POMPANO BCH, FL 33069**

Mailing Address
**P. O. BOX 1030
 BOCA RATON, FL 33429-1030 US**

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2265919	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

**DEGRANDCHAMP, MICHAEL E
 1020 S.W. 10TH AVENUE
 BAY #6
 POMPANO BEACH, FL 33069**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 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	TPD NECLERIO, MATTHEW T 1020 S.W. 10TH AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEGRANDCHAMP, MICHAEL E. 1020 S.W. 10TH AVENUE POMPANO BEACH, FL 33069
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 02/26/08-80094-012.150.00.

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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: *Michael E. DeGrandchamp* **Michael E. DeGrandchamp** 1/30/08 (954) 781-3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #