


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # H58766 1. Entity Name PARAMOUNT INDUSTRIES, INC.	
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Principal Place of Business 1020 SW 10 AVE. BAY #6 POMPANO BEACH, FL 33069 US	Mailing Address P. O. BOX 1030 BOCA RATON, FL 33429-1030 US
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02122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2656161	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent DEGRANDCHAMP, MICHAEL E 1020 SW 10 AVENUE BAY #6 POMPANO BEACH, FL 33069
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**DO NOT WRITE
IN THIS SPACE**

6. 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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC NECLERIO, MATTHEW T 1020 SW 10TH AVE. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEGRANDCHAMP, MICHAEL E. 1020 SW 10 AVENUE POMPANO BEACH, FL 33069
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03/20/06-80011-022 150.00

**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 affidavit, with all other like empowered.

SIGNATURE:  **Michael E. DeGrandchamp** 2/15/06 (954) 781-3155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #