


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90373 024 ***150.00

DOCUMENT # P96000075806

1. Entity Name
 PARAMOUNT TRADING, INC.



Principal Place of Business
 C/O STUART I. LEVIN, ESQUIRE
 200 SOUTH BISCAYNE BLVD. #2930
 MIAMI, FL 33131-2320

Mailing Address
 C/O STUART I. LEVIN, ESQUIRE
 200 SOUTH BISCAYNE BLVD. #2930
 MIAMI, FL 33131-2320

40074353



2. Principal Place of Business
 269 Giralda Avenue

3. Mailing Address
 269 Giralda Avenue

Suite, Apt. #, etc.
 Suite 201

Suite, Apt. #, etc.
 Suite 201

04212006 Chg-P CR2E034 (11/05)

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

Zip
 33134

Country
 U.S.A.

Zip
 33134

Country
 U.S.A.

4. FEI Number
 65-0698354

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name
 Hillary K. Rodriguez, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
 269 Giralda Avenue, Suite 201
 City
 Coral Gables FL Zip Code
 33134

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 Hillary K. Rodriguez Hillary K. Rodriguez, Pres. 4/21/06
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution. 6/11 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVIN, STUART I		NAME Natalie Diaz	
STREET ADDRESS 200 SOUTH BISCAYNE BLVD. #2930		STREET ADDRESS 269 Giralda Avenue, Suite 201	
CITY-ST-ZIP MIAMI, FL 331312320		CITY-ST-ZIP Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Natalie Diaz Natalie Diaz, Pres. 4/21/06 305.477.0142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #