,2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # G12214



FILED Feb 16, 2005 8:00 am Secretary of State

02-16-2005 90045 017 ***150.00

THE PARAMOUNT ELECTRONICS							
Principal Place of Business	Mailing Address						
1020 S.W. 10TH AVENUE BAY 6 POMPANO BEACH FL 33069-4632 US	P. O. BOX 1030 BOCA RATON FL 33429-1030 US						
2. Principal Place of Business	3. Mailing Address						
Cuita Ana H ata	Suite Apt # etc						

Sulle, Apt 4, etc. Sulle, Apt 4, etc. Sulle, Apt 4, etc. Sulle, Apt 5, etc. 1st MOORE CR2E034 (10/04) CRy 5 State City 5. State City 6. State City 6. State Country 2p Country 6. Certificate of States Desired 99.755 -Additional Fore Requisition of Proceedings of Country Fore Requisition 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POMPAINO BCH. FL 33069 City	1020 S.W. 10TH BAY 6 POMPANO BEAC US	AVENUE CH FL 33069-4632	P. O. BOX 1030 BOCA RATON FL 3342 US	9-1030			, ,			1111 11111 11111 11111			
City & State Country Country Country Country S. Certificate of Status Desired State Applicable State Applicable State Applicable State Applicable State Address of Pew Registered Agent To Name and Address of New Registered Agent T	2. Principal Place of	f Business	3. Mailing Address										
Zip Country Zip Country Signature Series Ser	Suite, Apt. #, etc).	Suite, Apt. #, etc.					1st MO	ORE	CR2E034 (10/04)		
BEGRANDCHAMP, MICHAEL E 1020 SW 10TH AVENUE BAY 6 POMPANO BCH. FL 33069 City FL Zip Code The above named entry submits this statement for the purpose of changing its registered edgent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The obligations of registered agent, and or order one of reparted agent agent. The obligations of registered agent agent. SIGNATURE	City & State		City & State				E0 2251252 H						
DEGRANDCHAMP, MICHAEL E 1020 SW 10TH AVENUE BAY 6 POMPANO BCH. FL 33069 City FL Zip Code	Zip -	Country	Zip Country										
DEGRANDCHAMP, MICHAEL E 1020 SW 10TH AVENUE BAY 6 POMPANO BCH. FL 33069 City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and the interest of registered agent. SIGNATURE FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee will Be \$550.00; Make Check Payable to Florida Department of State OFFICER AND DIRECTORS 10. OFFICER AN	6.	Name and Address of Current	Registered Agent				7. Name a	ind Add	ress of New R	egistered Ag		•	
DEGRANDCHAMP, MICHAEL E 1020 SW 10TH AVENUE BAY 6 POMPANO BCH. FL 33069 City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and the interest of registered agent. SIGNATURE FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee will Be \$550.00; Make Check Payable to Florida Department of State OFFICER AND DIRECTORS 10. OFFICER AN				ļ	Name						_	1	
### POMPANO BCH. FL 33069 City FL Zip Code	1020 SW 10TH AVENUE												
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SPILE NOWILL'S FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State OPP DEGRANDCHAMP, MICHAELE SIRET ADDRESS OITY-SI-2P POMPANO BEACH FL 33069 INE LOZO SW 10 AVENUE OPP DOMPANO BEACH FL 33069 OITY-SI-2P ORIGINAL CHECK ON ATTHEW T. SIRET ADDRESS OITY-SI-2P OITH CLOS SW 10 AVENUE OITH SI-2P OITH ADDRESS OITY-SI-2P OITH ADDRESS OITH ADDRESS OITH ADDRESS OITH ADDRESS OITH ADDRESS OITH ADDRESS OITH AD		NO RCH EL 33069											
SIGNATURE					•							,	
FILE NOW!!! FEE is \$150.00 STORY Speaker Segment and used respicable (NOTE Registered Agains agriculate required when nentalized) Delete Story Story													
After May 1; 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	ure; typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	Agent signatur	te requited t	when reinstating)	The state of the S	DATE	* .		
INIE NAME SIREE ADDRESS CITY-ST-2P TILE NAME SIREE ADDRESS CITY-ST-2P TILE NAME SIREE ADDRESS CITY-ST-2P	After May Make Check Pay	1, 2005 Fee Will Be \$550.00 able to Florida Department of			•		-						
NAME SIRET ADDRESS CITY-ST-ZIP CITY-	10.	OFFICERS AND	DIRECTORS	11.		ı	ADDITIO	NS/CHA	NGES TO OFF	ICERS AND D	IRECTORS	[N 11	
STREET ADDRESS 1020 SW 10 AVENUE POMPANO BEACH FL 33069 CITY-ST-ZIP	TITLE CDF	τ	☐ Delete	TITLE	>	shou	d be	CDF	75		Change	Addition	
CITY-ST-2IP POMPANO BEACH FL 33069								5					
TITLE							AMP					İ	
NAME STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CHANGE CITY-ST-ZIP C	\ -	MFAINO BEACH FL 33009	□ Coloto								Change	☐ Addition	
STREET ADDRESS	l i	CLERIO, MATTHEW T.	C Detete							L	onange		
THE	1	•		STRE	ET ADDRESS								
NAME	CITY-ST-ZIP PON	MPANO BEACH FL 33069		CITY	-ST-ZIP	·							
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS			☐ Delete							(Change	Addition	
CITY-ST-ZIP	1	. w * - ·											
TITLE	1 1												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete HTLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition NAME NAME NAME NAME NAME NAME CITY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP <td>1_</td> <td></td> <td></td> <td>NAM</td> <td>E</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>	1_			NAM	E							_	
TITLE												j	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY-ST-ZIP	CITY-ST-ZIP			City	-ST-ZIP								
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTAL STREET ADDRESS CITY-ST-ZIP TOTAL STREET ADDRESS CITY-ST-ZIP TOTAL STREET ADDRESS CITY-ST-ZIP			☐ Delete							[Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP													
ITILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP												,	
NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-SI-ZIP NAME STREET ADDRESS CITY-SI-ZIP		<u> </u>	☐ Delete								Change	Addition	
City-St-ZIP City-St-ZIP]									•	_ •	_	
	STREET ADDRESS	,											
	CITY-SI-ZIP			CITY	-ST-ZIP				- 4				

12. I hereby certify that the information supplied with this filing does not qualify 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 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 adolices, with all other like empowered.

SIGNATURE: