

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000029761

**FILED**  
**Feb 28, 2017**  
**Secretary of State**  
**CC3041113955**

**Entity Name:** PARAMOUNT AUTO & MACHINE SHOP SERVICES, INC.

**Current Principal Place of Business:**

6818 GRAPHIC DRIVE  
PORT RICHEY, FL 34668

**Current Mailing Address:**

6818 GRAPHIC DRIVE  
PORT RICHEY, FL 34668

**FEI Number: 81-0612816**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MANFRE, JOSEPH  
6818 GRAPHIC DR  
PORT RICHEY, FL 34668 US

*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

**Officer/Director Detail :**

Title PD  
Name MANFRE, JOSEPH  
Address 6818 GRAPHIC DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title VD  
Name MANFRE, JOAN  
Address 6818 GRAPHIC DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title D  
Name PEREZ, CATHY  
Address 6818 GRAPHIC DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title D  
Name MANFRE, AGOSTINO  
Address 6818 GRAPHIC DRIVE  
City-State-Zip: PORT RICHEY FL 34668

*I hereby 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 all other like empowered.*

**SIGNATURE: JOSEPH MANFRE**

**PRES**

**02/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date