

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 651918

1. Entity Name
PARAMOUNT MOLDED PRODUCTS, INC.



Principal Place of Business
**1701 NW 62ND STREET
FT LAUDERDALE, FL 33309 US**

Mailing Address
**1701 NW 62ND STREET
FT LAUDERDALE, FL 33309 US**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1984842

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BONOPANE, RICHARD
1701 NW 62 STREET
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

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, 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	PD
NAME	BONOPANE, RICHARD A.
STREET ADDRESS	952 SE 9 AVE.
CITY-ST-ZIP	POMPANO, FL
TITLE	VP/S
NAME	BONOPANE, JOAN A.
STREET ADDRESS	952 SE 9 AVE.
CITY-ST-ZIP	POMPANO, FL
TITLE	PD
NAME	PETRUCCI, ROBERT H.
STREET ADDRESS	2941 NW 112 AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	TD
NAME	PETRUCCI, EVELYN B.
STREET ADDRESS	2941 NW 112 AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80087-024 150.00

**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 address, with all other like empowered.

SIGNATURE: Bonopane R.A. Bonopane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2008 954-772-2333
Date Daytime Phone #