

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90008 027 ***150.00

DOCUMENT # G12214

1. Entity Name
**THE PARAMOUNT ELECTRONICS MANUFACTURING
COMPANY, INC.**



Principal Place of Business
**1020 S.W. 10TH AVENUE
BAY 6
POMPANO BEACH, FL 33069-4632 US**

Mailing Address
**P. O. BOX 1030
BOCA RATON, FL 33429-1030 US**



01282008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2251263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEGRANDCHAMP, MICHAEL E
1020 SW 10TH AVENUE
BAY 6
POMPANO BCH., FL 33069**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDPT
DEGRANDCHAMP, MICHAEL E
1020 SW 10 AVENUE
POMPANO BEACH, FL 33069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**should be CDPTS
add "S"** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
NECLERIO, MATTHEW T.
1020 SW 10 AVENUE
POMPANO BEACH, FL 33069** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Michael E. DeGrandchamp
Michael E. DeGrandchamp

1/30/08 (954) 781-3755
Date Daytime Phone #