2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2006 8:00 am Secretary of State

02-06-2006 90074 005 ***150.00

DOCUMENT # J19692

Principal Place of Business 150 NW 176TH'ST STE:#E MIAMI, FL 33169 US

ROBERT SIDNEY

SIGNATURE: __

1. Entity Name
PARAMOUNT LABELS AND BAGS, INC.



\Box	NOT	WDITE	INI	TUIC	CDV	

6. Name and Address of Current Registered Agent

MIAMI, FL 33169 US

1 1031113	INTERNATION	IENI NIRIE AIRII	FIRM BIRM BIR	

CR2E034 (11/05) 02012006 No Chg-P Applied For 4. FEI Number 59-2698845 Not Applicable \$8.75 Additional Fee Required

305-651-2126

5. Certificate of Status Desired

DO NOT WRITE

150 NW 176TH ST STE #E MIAMI, FL 33169				IN THIS SPACE			
	named entity submits this statement for the prions of registered agent.	urpose of changing its registe	ered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registe	red Agent signature	required when reinstating)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fin. Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SIDNEY, ROBERT A. 150 NW 176TH ST STE #E MIAMI, FL. 33169						
NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS							
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.					
12. I hereby of indicated of the cor	certify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an affide so with supplemental true and the control of the supplemental true to the supplemental true to the supplemental true to the supplemental true to the supplemental true true true true true true true true	ing does not qualify for the earlies and that my sign to execute this report as required the control of the con	exemptions con nature shall ha juired by Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	9. Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if-		