

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90027 032 ***150.00

DOCUMENT # K23399

1. Entity Name

PARIS REALTY CORPORATION



Principal Place of Business

8372 HORSESHOE BAY RD.
BOYNTON BEACH FL 33437
US

Mailing Address

8372 HORSESHOE BAY RD.
BOYNTON BEACH FL 33437
US



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

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-0054700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENNETH, EDELMAN PA
2255 GLADES RD., SUITE 337W
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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. The place.

(MOORE Registered Agent's signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT COHEN, BETTY R 8372 HORSESHOE BAY RD BOYNTON BEACH FL 33437	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT COHEN, BETTY R 8372 HORSESHOE BAY RD BOYNTON BEACH, FL 33437	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Betty R. Cohen President / Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08 1-561-7362265
Date Daytime Phone #