2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L05000040255

Entity Name: PARAMAX LTD CO.

Current Principal Place of Business:

5722 S FLAMINGO ROAD #229
COOPER CITY, FL 33330

New Principal Place of Business:

10710 LONDON STREET
COOPER CITY, FL 33026

Current Mailing Address:

5722 S FLAMINGO ROAD #229
COOPER CITY, FL 33330

New Mailing Address:

10710 LONDON STREET
COOPER CITY, FL 33026

FEI Number: 20-2697081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONELL, JOSE A JR
5722 S FLAMINGO ROAD #229
COOPER CITY, FL 33330 US

Name and Address of New Registered Agent:

GONELL, JOSE A JR
10710 LONDON STREET
COOPER CITY, FL 33026 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: 04/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GONELL, JOSE A JR
Address: 5722 S FLAMINGO ROAD #229
City-St-Zip: COOPER CITY, FL 33330

Title: MGR ( ) Delete
Name: FRIAS-GONELL, CLAUDIA
Address: 10710 LONDON STREET
City-St-Zip: COOPER CITY, FL 33026

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GONELL, JOSE A JR
Address: 10710 LONDON STREET
City-St-Zip: COOPER CITY, FL 33026

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOSE A GONELL MGR 04/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date