


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90406 037 ***158.75

DOCUMENT # P01000116133		
1. Entity Name PARAMOUNT SECURITY, INC.		

40087304



Principal Place of Business 7220 NW 36TH STREET 525 MIAMI, FL 33166	Mailing Address 7220 NW 36TH STREET 525 MIAMI, FL 33166
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2. Principal Place of Business - No P.O. Box # 7200 NW 19 STREET Suite, Apt. #, etc. SUITE 505	3. Mailing Address P.O. Box 52-1005 Suite, Apt. #, etc.
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04252008 Chg-P CR2E034 (12/06)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33126	Country MIAMI-DADE
Zip 33152	Country

4. FEI Number 20-4277903 APPLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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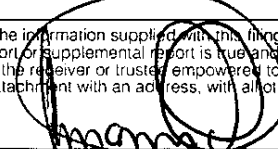
6. Name and Address of Current Registered Agent FERNANDEZ, AL 7220 NW 36TH STREET 525 MIAMI, FL 33166

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7200 NW 19 STREET, STE 505 City MIAMI FL Zip Code 33126

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 	AL FERNANDEZ, DIRECTOR	4/25/08
<small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FERNANDEZ, AL 7220 NW 36TH STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	AL FERNANDEZ, DIRECTOR	4/25/08 305 470-1850
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>