
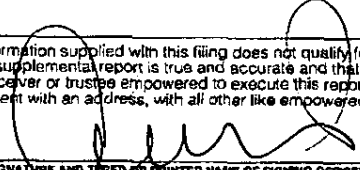


FILED
Sep 30, 2004 8:00 am
Secretary of State

09-30-2004 90011 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

54073621

DOCUMENT # P03000049175			
1. Entity Name PARAMO, CORP.			
Principal Place of Business 1929 LANDING WAY WESTON, FL 33326		Mailing Address 1929 LANDING WAY WESTON, FL 33326	
2. Principal Place of Business 4494 FOXTAIL LN		3. Mailing Address 4494 FOXTAIL LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WESTON FLORIDA		City & State WESTON FLORIDA	
Zip 33331	Country USA	Zip 33331	Country USA
4. FEI Number *14-1882978		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLE, HAROLD 1929 LANDING WAY WESTON, FL 33326		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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARAMO, ADRIANA 4494 FOXTAIL LN WESTON, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CALLE, HAROLD 1929 LANDING WAY WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 exemption stated in Section 119.07(3)(i), 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: 		(954) 588-2884	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

Attachment
54073621
Doc. # 003000049175

September 24, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 1tallahassee Fl 32302-1500

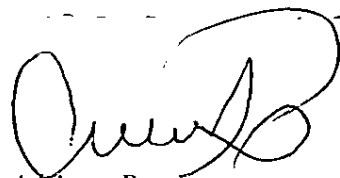
Dear Sirs:

Paramo Corp did not receive any notice for 2004 Annual Report, the first Annual report for our corporation and we were not familiar with the procedures and regulations. Therefore we did not send the form and the respective fees of \$150.00.

We request you to consider our enclose form along with the payment check.

If you have any questions please do not hesitate to contact us at (954) 588-2884 or (954) 888-6349

Thanks in advance for you help,



Adriana Paramo
Paramo Corp.
President