


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90082 034 \*\*\*150.00

<b>DOCUMENT # P03000146312</b> 1. Entity Name <b>PARAMOUNT APPRAISALS INC.</b>					
Principal Place of Business 17000 NW 67 AVE, STE: # 231 MIAMI, FL 33015			Mailing Address 6833 NW 173 DRIVE STE: #231 MIAMI, FL 33015		
2. Principal Place of Business <b>1790 W. 49 St.</b> Suite, Apt. #, etc. <b>113</b>		3. Mailing Address <b>1790 W. 49 St.</b> Suite, Apt. #, etc. <b>113</b>			
City & State <b>Miami, FL</b> Zip <b>33012</b>		City & State <b>Miami, FL</b> Zip <b>33012</b>		4. FEI Number <b>20-0462707</b>	
Country <b>Dade</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIAZ, OSVALDO J</b> <b>7951 SW 40 STREET</b> <b>STE: 206</b> <b>MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST</b> <b>SOSA, BRIAN</b> <b>17000 NW 67 AVE, # 231</b> <b>MIAMI, FL 33015</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST</b> <b>Sosa, Brian</b> <b>1790 W. 49 St., # 113</b> <b>Miami, FL 33012</b>	
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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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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/11/06</b> Daytime Phone # <b>3052610251</b>		