
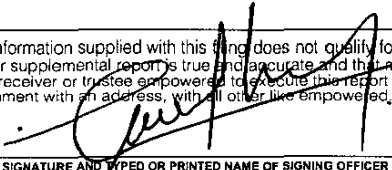


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90438 034 ***150.00

DOCUMENT # P05000073689 1. Entity Name PARAMOUNT BAY UNIT NO. 708 CORP.					
Principal Place of Business 150 SE 2ND AVENUE, STE 1200 MIAMI, FL 33131			Mailing Address 150 SE 2ND AVENUE, STE 1200 MIAMI, FL 33131		
2. Principal Place of Business 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400		3. Mailing Address 1001 BRICKELL BAY DRIVE Suite, Apt. #, etc. 1400			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131	Country USA	Zip 33131	Country USA		
4. FEI Number 20-2872570					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVENUE, STE 1200 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name ROSEN, BORIS Street Address (P.O. Box Number is Not Acceptable) 1001 BRICKELL BAY DRIVE STE 1400 City MIAMI		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRASNER, CARLOS 150 SE 2ND AVENUE, STE 1200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRASNER, CARLOS 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRASNER, ROBERTO 150 SE 2ND AVENUE, STE 1200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRASNER, ROBERTO 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, BORIS 150 SE 2ND AVENUE, STE 1200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, BORIS 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEMIROVSKY, MARCELO 150 SE 2ND AVENUE, STE 1200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEMIROVSKY, MARCELO 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREUND, GUILLERMO 150 SE 2ND AVENUE, STE 1200 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREUND, GUILLERMO 1001 BRICKELL BAY DRIVE STE 1400 MIAMI, FL 33131	
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 reports 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:  CARLOS KRASNER 305-374-2001					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

20042041



04192006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEN, BORIS
150 SE 2ND AVENUE, STE 1200
MIAMI, FL 33131

Name
ROSEN, BORIS
Street Address (P.O. Box Number is Not Acceptable)

1001 BRICKELL BAY DRIVE STE 1400

City
MIAMI FL Zip Code
33131

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KRASNER, CARLOS
150 SE 2ND AVENUE, STE 1200
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KRASNER, CARLOS
1001 BRICKELL BAY DRIVE STE 1400
MIAMI, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KRASNER, ROBERTO
150 SE 2ND AVENUE, STE 1200
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
KRASNER, ROBERTO
1001 BRICKELL BAY DRIVE STE 1400
MIAMI, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROSEN, BORIS
150 SE 2ND AVENUE, STE 1200
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ROSEN, BORIS
1001 BRICKELL BAY DRIVE STE 1400
MIAMI, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NEMIROVSKY, MARCELO
150 SE 2ND AVENUE, STE 1200
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NEMIROVSKY, MARCELO
1001 BRICKELL BAY DRIVE STE 1400
MIAMI, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FREUND, GUILLERMO
150 SE 2ND AVENUE, STE 1200
MIAMI, FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FREUND, GUILLERMO
1001 BRICKELL BAY DRIVE STE 1400
MIAMI, FL 33131 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #