


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000073689</b> 1. Entity Name PARAMOUNT BAY UNIT NO. 708 CORP.	
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Principal Place of Business 1001 BRICKELL BAY DR 1400 MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DR 1400 MIAMI, FL 33131
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01082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2872570</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROSEN, BORIS 1001 BRICKELL BAY DR SUITE 1400 MIAMI, FL 33131
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRASNER, CARLOS 1001 BRICKEL BAY DR., SUITE 1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRASNER, ROBERTO 1001 BRICKEL BAY DR., SUITE 1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSEN, BORIS 1001 BRICKEL BAY DR., SUITE 1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEMIROVSKY, MARCELO 1001 BRICKEL BAY DR., SUITE 1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FREUND, GUILLERMO 1001 BRICKEL BAY DR., SUITE 1400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000749557 05/18/07-80026-017 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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 and address, with all other like empowered.

**SIGNATURE:**  **CARLOS KRASNER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #