## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2007 8:00 am Secretary of State

| DOCUMENT # P06000145538  1. Entity Name PARAMO SERVICES INC.   |   |   |  |   |                          | 04-17-2007                 | 90235 04       | i0 ***15                       | 0.00                         |
|--|---|---|--|---|--------------------------|----------------------------|----------------|--------------------------------|------------------------------|
| Principal Plac   | ce of Business  | Mailing Address   |  |   |                          |                            |                |                                |                              |
| 1061 NW 80 AVE   |   | 1061 NW 80 AVE  |  |   |                          |                            |                |                                |                              |
| UNIT J   |   | UNIT J  |  |   |                          |                            |                |                                |                              |
| MARGATE, FL 33063 MARGATE, FL 33063  |   |   |  |   | <br>                     | IENIE BIILI ERIN BENI ERNE | )              |                                |                              |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |                          |                            |                |                                |                              |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                       |  | 03102007  | Chg-P                    | CR2E034                    | 1 (12/06)      |                                |                              |
| City & State   |   | City & State  |  | 4. FEI Number <b>2</b> 0 -  | 5910720                  | <u>.</u>                   | <b>⊢</b>       | plied For<br>t Applicable      |                              |
| Zip  | Country   | Zip   | Country  |   | 5. Certificate o         | of Status Desired          |                | 8.75 Add<br>se Required        |                              |
|  | 6. Name and Address of Current  | Registered Agent  |  | Nama  | 7. Name and              | Address of New R           | egistered Ag   | jent                           |                              |
| HISPANUSA INC.   |   |   |  | Name  | DO D                     |                            |                |                                |                              |
| 1919 NORTH STATE RD 7<br>SUITE 201 C   |   |   |  | Street Address (  | P.O. Box Number          | r is Not Acceptable        | )<br>          |                                |                              |
| MARGATE  | E, FL FLORI-DA  |   |  |   |                          |                            |                | ,                              |                              |
|  |   |   | (  | City  | FL Zip Code              |                            |                |                                |                              |
|  | e named entity submits this statement for<br>tions of registered agent. | or the purpose of changing its                            | s registered o   | office or register  | ed agent, or both        | n, in the State of Flo     | rida. I am fai | miliar with,                   | and accept                   |
| SIGNATURE.   |   |   | ** n :   |   |                          |                            |                |                                |                              |
|  | Signature, typed or printed name of registered agent                    | and title if applicable. (NO                              | FE: Registered Ag  | gent signature required   | I when reinstating)      |                            | DATE           |                                |                              |
|  | <del>-</del>  |   |  |   |                          |                            |                |                                |                              |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.               | 9. Election Campa<br>00 Trust Fund Con                    |  |   | .00 May Be<br>ed to Fees |                            |                |                                |                              |
|  | ay 1, 2007 Fee will be \$550.   | OO Trust Fund Con   |  |   | ed to Fees               | CHANGES TO OFFI            | CERS AND D     | DIRECTORS                      | S IN 11                      |
| After M  10. IIILE   | officers and  | OO Trust Fund Con   | 11.  |   | ed to Fees               | CHANGES TO OFFI            |                | DIRECTORS Change               | S IN 11                      |
| After M.  10.  TITLE  NAME   | OFFICERS AND P PARAMO, ANGEL M  | OO Trust Fund Con   | 11. TITLE NAME   | Add   | ed to Fees               | CHANGES TO OFFI            |                | _                              |                              |
| After M  10. IIILE   | officers and  | OO Trust Fund Con   | 11.  | ADDRESS ADDRESS   | ed to Fees               | CHANGES TO OFFI            |                | _                              |                              |
| 10. TITLE NAME STREET ADDRESS  | OFFICERS AND P PARAMO, ANGEL M 1061 NW 80 AVE UNIT J                    | OO Trust Fund Con   | 11. TITLE NAME STREET A  | ADDRESS ADDRESS   | ed to Fees               | CHANGES TO OFFI            | [              | _                              |                              |
| After M  10.  IIILE  NAME  STREET ADDRESS  CITY-ST-ZIP  IIILE  NAME  | OFFICERS AND P PARAMO, ANGEL M 1061 NW 80 AVE UNIT J                    | Trust Fund Con  | 11. TITLE NAME STREET A CITY-SI- TITUS, NAME   | ADDRESS ZIP   | ed to Fees               | CHANGES TO OFFI            | [              | Change                         | Addition                     |
| 10. IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE  | OFFICERS AND P PARAMO, ANGEL M 1061 NW 80 AVE UNIT J                    | Trust Fund Con  | 11. TITLE NAME STREET A CHY-S1-  | ADDRESS ADDRESS   | ed to Fees               | CHANGES TO OFFI            | [              | Change                         | Addition                     |
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indicated on this report or supplemental report is flue 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.

4.05.2007