

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000107088

FILED  
Apr 07, 2011  
Secretary of State

Entity Name: PARAMUS INC

**Current Principal Place of Business:**

940 S. MILITARY TRAIL  
UNIT # 11  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

940 S. MILITARY TRAIL  
UNIT # 11  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

FEI Number: 26-3868091      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAMBERS, KEITH  
130 SOUTH SEQUOIA DRIVE  
WEST PALM BEACH, FL 33409 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHAMBERS, KEITH  
Address: 130 SOUTH SEQUOIA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: D  
Name: CHAMBERS, CHERISE A  
Address: 130 SOUTH SEQUOIA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: P  
Name: CHAMBERS, KEITH  
Address: 130 SOUTH SEQUOIA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: S  
Name: CHAMBERS, CHERISE A  
Address: 130 SOUTH SEQUOIA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

Title: T  
Name: CHAMBERS, KEITH  
Address: 130 SOUTH SEQUOIA DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33409 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH CHAMBERS

P

04/07/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date