

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000030299

Entity Name: PARAMOUNT CAB INC.

FILED
Apr 18, 2009
Secretary of State

Current Principal Place of Business:

8501 ASTRONAUT BLVD.
UNIT 3
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

780 MULLET DRIVE
UNIT 113
CAPE CANAVERAL, FL 32920

Current Mailing Address:

211 CAROLINE ST
APT# 07
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: 59-3462331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALACIOS, HARRY
211 CAROLINE ST
APT.# 07
CAPE CANAVERAL, FL 32920 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PALACIOS, HARRY
Address: 211 CAROLINE ST. APT#07
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D () Delete
Name: PALACIOS, MARCELINA
Address: 211 CAROLINE ST. APT#07
City-St-Zip: CAPE CAVERAL, FL 32920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HARRY PALACIOS

D

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date