

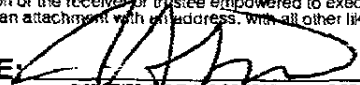


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V24512</b> 1. Entity Name <b>PARAMOUNT PROPERTY DEVELOPERS, INC.</b>		
Principal Place of Business <b>1011 NW 6 ST HOMESTEAD, FL 33030 US</b>		Mailing Address <b>1011 NW 6 ST HOMESTEAD, FL 33030 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01152004 No Chg-P CR2E034 (10/03)
4. FEI Number <b>65-0321246</b>		Applied For <input type="checkbox"/> 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 <b>GUGGINO, JOSEPH 1011 NW 6TH STREET HOMESTEAD, FL 33030</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MULLINS, RICHARD 31155 SW 197 AVE. HOMESTEAD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GUGGINO, JOSEPH A. 1011 NW 6TH ST. HOMESTEAD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>Joseph Guggino</b> 1-1504 305-2484955 Date Daytime Phone #