


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 08:00 AM
Secretary of State

DOCUMENT # V24512	
1. Entity Name PARAMOUNT PROPERTY DEVELOPERS, INC.	

Principal Place of Business 1011 NW 6 ST HOMESTEAD, FL 33030 US	Mailing Address 1011 NW 6 ST HOMESTEAD, FL 33030 US
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0321246	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUGGINO, JOSEPH 1011 NW 6TH STREET HOMESTEAD, FL 33030
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7. 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.
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SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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<p>U00000178713 01/12/05-80037-021 150.00</p>

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:  **Joseph A. Guggino** **1-10-05** **305-248-4955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #