

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 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



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0321246  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GUGGINO, JOSEPH  
1011 NW 6TH STREET  
HOMESTEAD, FL 33030

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MULLINS, RICHARD
STREET ADDRESS	31155 SW 197 AVE.
CITY- ST- ZIP	HOMESTEAD, FL
TITLE	DST
NAME	GUGGINO, JOSEPH A.
STREET ADDRESS	1011 NW 6TH ST.
CITY- ST- ZIP	HOMESTEAD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000379952  
01/10/06-80043-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

1-6-06

Date Daytime Phone #