2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT #-P01000071775 1. Entity Name PARAGON COLLECTION, INC.				03-10-2005 90149 038 ***150.00
Principal Place 4025 NW 4 1 MIAMI, FL 33	TERRACE	Mailing Address 4025 NW 4 TERRACE MIAMI, FL 33126	1	
	lace of Business	3. Mailing Address 1855 GRIFFI	in) PJ	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 14-261	70 PG3	03072005 Chg-P CR2E034 (10/03)
	BEACH-FI -	City & State DANIA-BEAC	' 	4. FEI Number Applied For
33004	6. Name and Address of Current	Zip 33004 Registered Agent	USA	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
HERNANDEZ, PEDRO L				
4025 N.W. 4 TERR. MIAMI, FL 33126 Street Addre				ress (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
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 fegistere) agent. SIGNATURE Signature, Typed or printed name of registered agent and title of applicability (NOTE: Registered Agent signature required when reinstating) DATE				
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaig		\$5.00 May Be .
	ay 1, 2005 Fee will be \$550.(_	Added to Fees
10. TITLE	OFFICERS AND PSD	DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	HERNANDEZ, BLANCA	_ Doloto		HERNANDER BUNNCA 4025 N.W. 4 TELR.
STREET ADDRESS CITY-ST-ZIP	4025 NW 4 TERR MIAMI, FL 33126		STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33126
TITLE	VSD	☐ Delete	TITLE	P3D ☐ Change ☐ Addition
NAME STREET ADDRESS	HERNANDEZ, PEDRO L 4025 N.W. 4 TERR.		NAME STREET ADDRESS	HERNANDEZ, PEDRO L. 4025 N.W-Y TERL.
CITY-ST-ZIP	MIAMI, FL 33126			MIAMI PU 33126
TIFLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE	,	☐ Delete	TITLE	☐ Change ☐ Addition
NAME Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME Street address	
CITY-ST-ZIP			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.				