

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90013 042 ***150.00

DOCUMENT # P03000031290

1. Entity Name
PARAGON MARITIME, INC.



Principal Place of Business
**136 CLAREMONT LANE
PALM BEACH SHORES, FL 33404**

Mailing Address
**136 CLAREMONT LANE
PALM BEACH SHORES, FL 33404**

44051859



2. Principal Place of Business
136 claremont Ln
Suite, Apt. #, etc.

3. Mailing Address
136 CLAREMONT LANE
Suite, Apt. #, etc.

08102004 Chg-P CR2E034 (10/03)

City & State
Palm Beach Shores
Zip
33404

City & State
Palm Beach Shores
Zip
33404

4. FEI Number
65-1178672
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROBERTS, JAMES C
136 CLAREMONT LANE
PALM BEACH SHORES, FL 33404**

7. Name and Address of New Registered Agent
Name
Street Address (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 registered agent.

SIGNATURE **JAMES ROBERTS** DATE **8-12-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, JAMES C 136 CLAREMONT LANE PALM BEACH SHORES, FL 33404	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JAMES ROBERTS** DATE **8-12-04** DAYTIME PHONE # **561-848-1978**
Signature and typed or printed name of signing officer or director