08/04/2004 11:12 JUAN A. SANCHEZ, P.A. → 3056432905

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Aug 11, 2004 8:00 am
Secretary of State
08-11-2004 90002 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000046847

1. Entity Name
PARAGON MEDICAL EQUIPMENT, INC.

Principal Place of Business	Mailing Address
TOY 13 INC. 2125 BISCAYNE BLVD. #370 MIAMI, FL 33137	TOY 13 INC. 2125 BISCAYNE BLVD. #370 MIAMI, FL 33137

54067702

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08042004 Chg-P CR2E034 (10/03)

4. FEI Number 35-2203601 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GOMEZ, VICTOR M
TOY 13 INC.
2125 BISCAYNE BLVD. #370
MIAMI, FL 33137

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________________
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
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOMEZ, VICTOR M 2125 BISCAYNE BLVD. #370 MIAMI, FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Victor V. Gomez - DIRECTOR 08/04/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

Attachment

540677702

#P03000046847

Paragon Medical Equipment, Inc.
2125 Biscayne Boulevard
Suite #370
Miami, Florida 33137

August 4, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Paragon Medical Equipment, Inc.
ID No.: 35-2203601

Dear Sir or Madam:

I am in receipt of your Notice of Intent to Dissolve my corporation mentioned above, and I would like to implore in good faith to waive the penalty in this case due to this corporation being inactive. I never received the Notice for the Renewal for the Annual Report.

Thank you for your anticipated courtesy and cooperation in this matter and should you have any further questions or concerns, please feel free to contact me at your earliest possible convenience.

Very truly yours,

Victor V Gomez

VICTOR V. GOMEZ