

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000051372

FILED  
Sep 02, 2008  
Secretary of State

**Entity Name:** PARAGON LENDING & FINANCIAL SOLUTIONS, INC.

**Current Principal Place of Business:**

10014 N DALE MABRY HWY STE 101  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

10014 N DALE MABRY HWY STE 101  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 20-0861221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

APONTE, LUIS A  
10014 N DALE MABRY HWY STE 101  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

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

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

**Title:** CEOP ( ) Delete  
**Name:** APONTE, LUIS A  
**Address:** 10014 N DALE MABRY HWY STE 101  
**City-St-Zip:** TAMPA, FL 33618

**Title:** VST ( ) Delete  
**Name:** APONTE, REINA E  
**Address:** 10014 N DALE MABRY HWY STE 101  
**City-St-Zip:** TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** LUIS A. APONTE

CEOP

09/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date