


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90039 014 ***150.00

DOCUMENT # P04000160512 1. Entity Name PARAGON MANAGEMENT GROUP, INC.																											
Principal Place of Business 3405 NW 115TH AVE. MIAMI, FL 33178		Mailing Address 3405 NW 115TH AVE. MIAMI, FL 33178																									
2. Principal Place of Business - No P.O. Box # 3300 NW 112 Ave		3. Mailing Address 3300 NW 112 Ave																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Miami, FL		City & State Miami, FL																									
Zip 33172		Zip 33172																									
Country 		Country 																									
4. FEI Number 20-1871276		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SAKHRANI, DINESH 3405 NW 115TH AVE. MIAMI, FL 33178		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 NW 112 Ave City Miami FL Zip Code 33172																									
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 <u><i>D. Sakhrani</i></u> <u><i>Dinesh Sakhrani</i></u> <u><i>2/1/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SAKHRANI, DINESH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3405 NW 115TH AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33178</td> <td></td> </tr> </table>		TITLE	PD	<input type="checkbox"/> Delete	NAME	SAKHRANI, DINESH		STREET ADDRESS	3405 NW 115TH AVE.		CITY-ST-ZIP	MIAMI, FL 33178		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">3300 NW 112 Ave</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Miami, FL 33172</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	3300 NW 112 Ave	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Miami, FL 33172		STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>D. Sakhrani</i></u> <u><i>Dinesh Sakhrani</i></u> <u><i>2/1/07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											