


**2007 FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000025338**  
 1. Entity Name  
**PARADIGM MANDARIN, INC.**



Principal Place of Business      Mailing Address  
**3390 KORI ROAD**      **7216 SECRET WOODS COURT**  
**JACKSONVILLE, FL 32257**      **JACKSONVILLE, FL 32216**

**DO NOT WRITE IN THIS SPACE**



02232007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3188262**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEWIS, MITCHELL R**  
**7216 SECRET WOODS CT**  
**JACKSONVILLE, FL 32216**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTDS
NAME	LEWIS, MITCHELL R
STREET ADDRESS	7216 SECRET WOODS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	V
NAME	LEWIS, DOLORIS
STREET ADDRESS	5043 MARINERS POINT DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/05/07-80036-024 158.75

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: *Mitchell R. Lewis*      Date: *3/25/07*      Daytime Phone #: *904 613-3424*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR