

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000089878

1. Entity Name  
PARAGON TOURS AND TRAVEL, INC.



Principal Place of Business  
8358 W. OAKLAND PARK BLVD.  
#102  
FORT LAUDERDALE, FL 33351 US

Mailing Address  
8358 W. OAKLAND PARK BLVD.  
#102  
FORT LAUDERDALE, FL 33351 US

**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3473605

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SLOTKIN, ROBERT J  
2101 N. ANDREWS AVE.  
FT. LAUDERDALE, FL 33311

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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

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  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000152966  
05/04/04-80107-012 150.00

## 10. OFFICERS AND DIRECTORS

TITLE PS  
NAME LABOZZETTA, LUCRETIA  
STREET ADDRESS 3950 NW 116TH TERRACE  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: *[Signature]*

4/30/04