

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011457

FILED
Apr 23, 2004
Secretary of State

Entity Name: PARADIGM PRODUCTION SERVICES, INC.

Current Principal Place of Business:

5607 HIATUS ROAD
SUITE 400
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

5607 HIATUS ROAD
SUITE 400
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0971866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, IRVING JOSEPH
444 BRICKELL AVENUE SUITE 804
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

AZTIAZARAIN, BARBARA E
19405 S.W. 67TH STREET
PEMBROKE PINES, FL 33332 US

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: BARBARA AZTIAZARAIN

04/23/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALDEZ, JORGE
Address: 2801 NW 119TH AVENUE
City-St-Zip: PLANTATION, FL 33323

Title: V () Delete
Name: MASS, GARY
Address: 801 NW 132ND AVE.
City-St-Zip: SUNRISE, FL 33325

Title: S (X) Delete
Name: FREED, NICHOLAS
Address: 2353 NW 96TH WAY
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change () Addition
Name: AZTIAZARAIN, BARBARA E
Address: 19405 SW 67TH STREET
City-St-Zip: TAMARAC, FL 33332 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA AZTIAZARAIN

TR

04/23/2004

Electronic Signature of Signing Officer or Director

Date