


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90001 047 \*\*\*150.00

<b>DOCUMENT # P00000059688</b>	
1. Entity Name <b>PARADOX CONSTRUCTION CORP.</b>	

Principal Place of Business 6860 N.W. 21 TERRACE FORT LAUDERDALE, FL 33309 US	Mailing Address 6860 N.W. 21 TERRACE FORT LAUDERDALE, FL 33309 US
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**54069718**

2. Principal Place of Business <b>4227 NE 6 Avenue</b>	3. Mailing Address <b>4227 NE 6 Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07142004 Chg-P CR2E034 (10/03)

City & State <b>Oakland Park FL</b>	City & State <b>Oakland Park, FL</b>
Zip <b>33334</b>	Country <b>USA</b>
Zip <b>33334</b>	Country <b>USA</b>

4. FEI Number <b>65-1018496</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>INNES, GARY 6860 N.W. 21 TERRACE FORT LAUDERDALE, FL 33309</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>702 Gardens Drive # 205</b> City <b>Pompano Beach</b> FL Zip Code <b>33069</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P INNES, GARY J 6860 N.W. 21 TERRACE FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>702 Gardens Drive # 205 Pompano Beach FL 33069</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V OGREN, NATHAN 6711 N.W. 28 WAY FORT LAUDERDALE, FL 33309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6800 N.W. 21 Terrace Fort Lauderdale FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #