2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90315 035 ***158.75

DOCUMENT # P00000088334

1. Entity Name

ENTERPRISING PARADIGMS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
2532 WESTCHESTER DR WEST PALM BEACH FL 33407 US	PO BOX 10913 RIVIERA BEACH FL 33419

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
1759 CAVALCADE CT.		P.O. BOX 26222	
Suite, Apt. #, etc.		Suite, Apt. #, etc. JACKSONVILLE, FL	
City & State: JACKSONVILLE FL		City & State	
Zip: 32218	Country: USA	Zip: 32226	Country: USA

4. FEI Number 65-0754668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, ESTHER S
2532 WESTCHESTER DR
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name: ESTHER S. SHERMAN
Street Address (P.O. Box Number is Not Acceptable): 1759 CAVALCADE CT.
City: JACKSONVILLE FL Zip Code: 32218

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: Esther S. Sherman DATE: 4/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SHERMAN, ESTHER S 2532 WESTCHESTER DR WEST PALM BEACH FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1759 Cavalcade Ct. Jacksonville, FL 32218	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Esther S. Sherman, President / 4/27/04 (904) 757-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #