

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 15, 2008 8:00 am  
Secretary of State**

04-15-2008 90018 044 \*\*\*150.00

DOCUMENT # P02000103743		
1. Entity Name PADDOCK PARK OFFICE ADVISORS, INC.		

Principal Place of Business 2255 GLADES ROAD SUITE 411 E BOCA RATON, FL 33431		Mailing Address 2255 GLADES ROAD SUITE 411 E BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 6340 via Tierra		3. Mailing Address 21218 St. Andrews Blvd.	
Suite, Apt. #, etc. 6		Suite, Apt. #, etc. PMB 312	
City & State Boca Raton, FL		City & State Boca Raton, FL 33433	
Zip 33433	Country USA	Zip 33433	Country USA
6. Name and Address of Current Registered Agent  GOITSEGEN, STANLEY D 2255 GLADES RD., STE 411E BOCA RATON, FL 33431			
7. Name and Address of New Registered Agent  Name <i>Gabriel Ehrenstein</i> Street Address (P.O. Box Number is Not Acceptable) 6340 via Tierra City <i>Boca Raton</i> FL <i>33433</i> Zip Code			



02052008 Chg-P CR2E034 (12/06)

4. FEI Number 11-3655786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 *all Eht* *Gabriel Ehrenstein* 3/25/08  
(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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  <input checked="" 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"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition	
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 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: *all Eht* *Gabriel Ehrenstein* 3/25/08  
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #