

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90028 010 \*\*\*150.00

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|--|--|--|---|---|---|
| <b>DOCUMENT # P02000103763</b><br>1. Entity Name<br><b>PADDOCK PARK OFFICE MANAGERS, INC.</b>  |  |  |   |   |   |
| Principal Place of Business<br><b>2255 GLADES RD STE 411 E<br/>BOCA RATON, FL 33431</b>  |  |  | Mailing Address<br><b>2255 GLADES RD STE 411 E<br/>BOCA RATON, FL 33431</b>   |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>6340 Via Tierra</b>   |  | 3. Mailing Address<br><b>21218 St. Andrews Blvd.<br/>PMB 312</b>   |   |   |   |
| Suite, Apt. #, etc.<br>  |  | Suite, Apt. #, etc.<br>  |   |   |   |
| City & State<br><b>Boca Raton, FL</b>  |  | City & State<br><b>Boca Raton, FL</b>  |   | 4. FEI Number<br><b>11-3655783</b>  |   |
| Zip<br><b>33433</b>  |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |
| 6. Name and Address of Current Registered Agent<br><br><b>GOTTSEGEN, STANLEY D<br/>2255 GLADES RD STE 411 E<br/>BOCA RATON, FL 33431</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Gabriel Ehrenstein</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6340 Via Tierra</b><br>City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33433</b> |   |   |
| 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.<br>SIGNATURE: <b>Gabriel Ehrenstein</b> <b>3/25/08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |   |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br><b>GOTTSEGAN, STANLEY</b> <input checked="" type="checkbox"/> Delete<br><b>2255 GLADES RD STE 411 E</b><br><b>BOCA RATON, FL 33431</b> |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVS<br><b>EHRENSTEIN, GABRIEL</b> <input type="checkbox"/> Delete<br><b>6340 VIA TIERRA</b><br><b>BOCA RATON, FL 33433</b>                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |   |   |   |
| <b>SIGNATURE:</b> <b>Gabe Ehrenstein</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <b>3/25/08</b><br><small>Date</small>   |   | <b>561-788-4457</b><br><small>Daytime Phone #</small> |