

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000099585

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** PARADIGM SHIFT CONSULTING CORP.

**Current Principal Place of Business:**

600 WEST LAS OLAS BOULEVARD  
1102  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

8425 SW 102 PL  
MIAMI, FL 33173

**Current Mailing Address:**

600 WEST LAS OLAS BOULEVARD  
1102  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

6574 N. STATE ROAD 7  
PMB 115  
COCONUT CREEK, FL 33073

**FEI Number:** 26-0875515

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LESTER, MICHAEL J  
600 WEST LAS OLAS BOULEVARD  
1102  
FORT LAUDERDALE, FL 33312 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LESTER, MICHAEL J  
Address: 600 WEST LAS OLAS BOULEVARD, #1102  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J LESTER

P

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date