

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P95000066524

1. Entity Name

PARADIGM DESIGN AND CONSTRUCTION, INC.



**FILED  
Apr 12, 2004 8:00 am  
Secretary of State**

04-12-2004 90674 019 \*\*\*150.00

94050632



MOORE CR2E034 (11/03)

Principal Place of Business  
321 E. HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

Mailing Address  
321 E. HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number  
**65-0616973**

|   |
|---|
| <input type="checkbox"/> Applied For    |
| <input type="checkbox"/> Not Applicable |

5. Certificate of Status Desired  
 **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
STREET, BRIAN C  
321 E. HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent  
  
Name **TED STOTZER**  
Street Address (P.O. Box Number is Not Acceptable)  
**321 E HILLSBORO BLVD**  
City **DEERFIELD BEACH FL** Zip Code **33441**

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

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 P  Delete  
NAME STREET, BRIAN  
STREET ADDRESS 321 E. HILLSBORO BLVD  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  Delete  
NAME COHEN, JAMES H  
STREET ADDRESS 321 E HILLSBORO BLVD  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  Delete  
NAME SCHOCKET, JEFFREY I  
STREET ADDRESS 321 E HILLSBORO BLVD  
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 officers empowered.

SIGNATURE:

4-8-04

954-418-0208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #