

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000016648

1. Entity Name
PARADOX SOFTWARE CONSULTING, INC.



Principal Place of Business
5082 S.E. INKWOOD WAY
HOBE SOUND, FL 33455 US

Mailing Address
5082 S.E. INKWOOD WAY
HOBE SOUND, FL 33455 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GLENN, ROBERT L
5082 SE INKWOOD WAY
HOBE SOUND, FL 33455

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GLENN, ROBERT L
STREET ADDRESS 3746 ALCANTARA AVENUE
CITY-ST-ZIP MIAMI, FL 33178

TITLE TSD
NAME GLENN, ELEUTHERIA
STREET ADDRESS 3746 ALCANTARA AVENUE
CITY-ST-ZIP MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GLENN, ROBERT L
STREET ADDRESS 5082 S.E. INKWOOD WAY
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE TSD
NAME GLENN, ELEUTHERIA
STREET ADDRESS 5082 S.E. INKWOOD WAY
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE
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 like empowered.

SIGNATURE: *Robert L. Glenn* ROBERT L. GLENN 3-22-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Mar 25, 2005 8:00 am
Secretary of State**

03-25-2005 90032 022 ***150.00



03102005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0815954	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	-----------------------------------

**\$8.75 Additional
Fee Required**

**\$8.75 Additional
Fee Required</**