

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90038 036 ***150.00

DOCUMENT # 608597 1. Entity Name STRATA REALTY, INC.					
Principal Place of Business 1589 S. MILITARY TR W PALM BEACH, FL 33415			Mailing Address 8656 WENDY LANE EAST WEST PALM BEACH, FL 33411 US		
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 59-1926113	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARILYN P COOK 8656 WENDY LANE EAST WEST PALM BEACH, FL 33411				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	VC STRATEMEYER, MADIE A 1589 S. MILITARY TR. W PALM BCH, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, MARILYN P 1589 S. MILITARY TR. W.PALM BCH., FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, DONALD R. 1589 S. MILITARY TR. W.PALM BCH., FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARILYN P COOK 910 S PATRICK CIR W. PALM BCH., FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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: <i>[Signature]</i> Date: 2/25/04 Daytime Phone #: 561-784-8678		