


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90186 015 \*\*\*150.00

**DOCUMENT # P02000035588**

1. Entity Name  
**STRATEGIC INVESTMENT GROUP INC.**



Principal Place of Business  
**2874 NO. STATE RD. 7  
 LAUDERDALE LAKES, FL 33313**

Mailing Address  
**2874 NO. STATE RD. 7  
 LAUDERDALE LAKES, FL 33313**

**44047436**



06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0579147**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, RUPERT  
 2874 NORTH STATE RD. 7  
 LAUDERDALE LAKES, FL 33313**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, RUPERT
STREET ADDRESS	2874 NO. STATE RD. 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
TITLE	D
NAME	BROWN, SYLVIA
STREET ADDRESS	2874 NO. STATE RD. 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
TITLE	VP
NAME	BROWN, ANDRE'
STREET ADDRESS	2874 NO. STATE RD. 7
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Rupert Brown Date: 6-30-04 Daytime Phone #: (954) 486 7474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment  
# P02000035588  
440474366 - 30 - 04

To Whom It May Concern

FL. Dept of state.

I did not receive prior  
notice.

Rupel Bowen  
(954) 486 7474