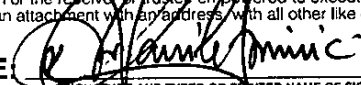


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90145 011 ***150.00

DOCUMENT # P04000055500					
1. Entity Name STRATS INC					
Principal Place of Business 5771 BAYVIEW DR. FT. LAUDERDALE, FL 33308			Mailing Address 5771 BAYVIEW DR. FT. LAUDERDALE, FL 33308		
2. Principal Place of Business 10140 Torchwood Ave		3. Mailing Address 10140 Torchwood Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Plantation Fl		City & State Plantation Fl		4. FEI Number 56-2450648	
Zip 33324 Country USA		Zip 33324 Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MODAS, DANIEL A 1215 S.E. 2ND AVE., #202 FT. LAUDERDALE, FL 33335			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, 2005 Fee will be \$550.00			9. Election Campaign Financing ☐ \$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	P ☐ Delete SIMIC, DANILO 5771 BAYVIEW DR. FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10140 Torchwood Avenue Plantation Fl 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ☐ Delete HACHMANN-SIMIC, SANDRA 5771 BAYVIEW DR. FT. LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10140 Torchwood Avenue Plantation Fl 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 			03/04/2005 954 854 1991 Date Daytime Phone #		