2006 FOR PROFIT CORPORATION ANNUAL REPORT

3/28/2006-90108-027-$150.00-$150.00

DOCUMENT # P05000161072

1. Entity Name
STRATEGIC BUSINESS GROUP LIMITED, CORP.

FILED
06 APR 10 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~9999 NW 89 AVENUE~~	~~9999 NW 89 AVENUE~~
~~BAY 7~~	~~BAY 7~~
~~HIALEAH, FL 33178~~ US	~~HIALEAH, FL 33178~~ US

03222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
11109 N.W. 122 St	11109 N.W. 122 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley, FL	City & State: Medley, FL
Zip: 33178 Country:	Zip: 33178 Country:

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

REAL SOLUTIONS BUSINESS SERVICES, INC.
10691 N. KENDALL DRIVE
SUITE 209
MIAMI, FL 33176

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 ______
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, 2006 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	P CASANAS, CARLOS A 16610 SW 37 STREET MIRAMAR, FL 33027	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ______ 3/22/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #