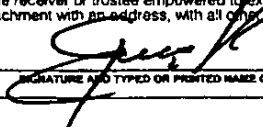


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P05000161072		
1. Entry Name STRATEGIC BUSINESS GROUP LIMITED, CORP.		
Principal Place of Business 9999 NW 89 AVENUE BAY 7 HIALEAH, FL 33178 US		Mailing Address 9999 NW 89 AVENUE BAY 7 HIALEAH, FL 33178 US
2. Principal Place of Business 11109 N.W. 122 St Suite, Apt. #, etc.		3. Mailing Address 11109 N.W. 122 St Suite, Apt. #, etc.
City & State Medley, FL Zip 33178 Country		City & State Medley, FL Zip 33178 Country
4. FEI Number		
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 33178		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 as printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) 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 16810 SW 37 STREET MIRAMAR, FL 33027 ☐ 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
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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 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 #

FILED

06 APR 10 PM 1:27

STATE
TALLAHASSEE, FLORIDA



03222006 Chg-P CR2E034 (11/05)

Applied For
Not Applicable