


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90039 029 \*\*\*150.00

**DOCUMENT # P97000026476**

1. Entity Name  
**STRANDHILL, INC.**



Principal Place of Business  
 2222 PONCE DE LEON BLVD.  
 PENTHOUSE SUITE  
 CORAL GABLES, FL 33134

Mailing Address  
 C/O 1330 CORAL WAY  
 #305  
 MIAMI, FL 33145

**54009672**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**40 701 S.W. 27 AVE**  
 Suite, Apt. #, etc.  
**STE # 606**

02182004 Chg-P CR2E034 (10/03)

City & State  
**Miami, FL 33135**

4. FEI Number  
 65-0826372

Applied For  
 Not Applicable

Zip  
**33135**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent  
**VIDAL, VICTOR L**  
**1330 CORAL WAY #305**  
**MIAMI, FL 33145**

7. Name and Address of New Registered Agent  
 Name  
**VICTOR L VIDAL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**701 SW 27 AVE #606**  
 City  
**Miami, FL** Zip Code  
**33135**

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]* DATE: **2/18/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME <b>MENICUCCI, RAFAEL</b>		
STREET ADDRESS <b>2222 PONCE DE LEON BLVD. PH SUITE</b>		
CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR