

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000100946

**Entity Name:** STRATEGIK EYEDEA GROUP, INC.

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC5048979431**

**Current Principal Place of Business:**

18520 NW 67TH AVE  
SUITE 210  
HIALEAH, FL 33015

**Current Mailing Address:**

18520 NW 67TH AVE  
SUITE 210  
HIALEAH, FL 33015

**FEI Number: 46-4458427**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

OATES, THOMAS D  
1500 EAST ATLANTIC BLVD  
SUITE B  
POMPANO BEACH, FL 33060 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name VELASQUEZ, RAFAEL E  
Address 18520 NW 67 AVE SUITE 210  
City-State-Zip: HIALEAH FL 33015

Title S  
Name VELASQUEZ, SARELA M  
Address 18520 NW 67 AVE SUITE 210  
City-State-Zip: HIALEAH FL 33015

Title T  
Name TRUJILLO, ESTEFANI  
Address 18520 NW 67 AVE SUITE 210  
City-State-Zip: HIALEAH FL 33015

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RAFAEL VELASQUEZ**

**PRESIDENT**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date