



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90031 044 \*\*\*150.00

<b>DOCUMENT # 350625</b> 1. Entity Name <b>THE STRATFORD HOUSE, INC.</b>					
Principal Place of Business <b>C/O PACIFIC R.E. MGMT CORP</b> <b>2600 DOUGLAS RD 1004</b> <b>CORAL GABLES, FL 33134 US</b>				Mailing Address <b>C/O PACIFIC R.E. MGMT CORP</b> <b>2600 DOUGLAS RD 1004</b> <b>CORAL GABLES, FL 33134 US</b>	
2. Principal Place of Business <b>396 ALHAMBRA CIRCLE</b>		3. Mailing Address <b>396 ALHAMBRA CIRCLE</b>			
Suite, Apt. #, etc. <b>100</b>		Suite, Apt. #, etc. <b>100</b>		01042006    Chg-P    CR2E034 (11/05)	
City & State <b>CORAL GABLES FL.</b>		City & State <b>CORAL GABLES FL.</b>		4. FEI Number <b>59-1273064</b>	
Zip <b>33134</b>		Country <b>US</b>		5. Certificate of Status Desired. <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MURAI, WALD, BIONDO, MATTHEWS &amp; MORENO, PA</b> <b>25 S.E. SECOND AVENUE, SUITE #900</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>MURAI, WALD, BIONDO, MORENO &amp; BROCHIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2 ALHAMBRA PLAZA Penthouse 1B</b> City <b>CORAL GABLES FL</b> Zip Code <b>33134</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	VP DEL CARMEN MORHA, MARIA A 2600 DOUGLAS RD, STE 1004 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MARIA DEL CARMEN MORLA 396 ALHAMBRA CIRCLE STE 100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD ISAIAS, ESTENFANO 2600 DOUGLAS RD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	396 ALHAMBRA CIRCLE STE 100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ISAIAS, ROBERTO 2600 DOUGLAS RD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	396 ALHAMBRA CIRCLE STE 100	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ISAIAS, WILLIAM 2600 DOUGLAS RD CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	396 ALHAMBRA CIRCLE STE 100	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					

~~#350625~~  
Division of Corporations

40013231

## Annual Report

Annual Report Help

Document Number

350625

Business Entity Name

THE STRATFORD HOUSE, INC.

FEI Number 591273064

FEI Number Status	Listed Above	Applied For	Not Applicable
Certificate of Status Desired	Yes	No	\$8.75 each
Election Campaign Financing Trust Fund Contribution	Yes	No	

## Principal Place of Business

Address C/O PACIFIC R.E. MGMT CORP  
Suite, Apt. #, etc. 2600 DOUGLAS RD 1004  
City, State CORAL GABLES, FL  
Zip Code & Country 33134 US

## Mailing Address

Address C/O PACIFIC R.E. MGMT CORP  
Suite, Apt. #, etc. 2600 DOUGLAS RD 1004  
City, State CORAL GABLES, FL  
Zip Code & Country 33134 US

## Name and Address of Registered Agent

Name (Last, First, Middle, Title)

- OR -

Business to serve as RA MURAI,WALD,BIONDO,MATTHEWS &amp; MOR

Address (PO Box is not acceptable) 25 S.E. SECOND AVENUE, SUITE #900

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code &amp; Country 33131 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business