## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F00000006020 FILED 1. Entity Name STRACHAN & ASSOCIATES INTERNATIONAL INC. 05 MAY -2 PM 4: 48 Principal Place of Business Mailing Address SECRETARY OF STATE HARRY STRACHAN PLAZA ROBLE, EDIFICIO EL PORTICO TALLAHASSEE, FLORIDA SJO 792 GUACLIPELIO ESCAZU, MIAMI, FL 33102-5216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Zip Code FL 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. 100054282131 --016 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change Addition TITLE STRACHAN, HARRY NAME NAME 2ND FL EL PORTICO BLDG PLZ ROBLE STREET ADDRESS STREET ADDRESS SAN JOSE, COSTA RICA, CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE D Delete Addition Sandra Conant Strachan DEL BARCO, ANABELLE S NAME NAME 2nd Floor El Portico Bldg. Plaza Roble 50 MTS N. DEL CENTRO CULTURAL STREET ADDRESS STREET ADDRESS SAN JOSE, COSTA RICA, CITY-ST-ZIP CITY - ST- 7IP San Jose, Costa Rica ☐ Delete TITLE ☐ Change ☐ Addition TITLE STRACHAN, SARAH E NAME 333 SAN JOSE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this finindicated on this report of supplemental report is true at of the corporation or the redevier or trustee empowered changed, or on an attachment with an address, which oes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information courage and that my signature shall have the same legal effect as if made under oath; that I am an officer or director secure his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if Abril 15th 2005 SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR