

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000004831
 1. Entity Name
 STRAEC TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
 2125 BISCAYNE BLVD., SUITE 500 2125 BISCAYNE BLVD., SUITE 500
 MIAMI, FL 33137 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 77-0517999 Not Applicable

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

6. Name and Address of Current Registered Agent
 RODRIGUEZ, MANUEL
 2125 BISCAYNE BLVD., SUITE 500
 MIAMI, FL 33137

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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: 8/29/05

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	CPS
NAME	RODRIGUEZ, MANUEL
STREET ADDRESS	2125 BISCAYNE BLVD., SUITE 500
CITY - ST - ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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1100000377780
 09/07/05-80016-003 158.75

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 all other like empowered.

SIGNATURE: *[Signature]* DATE: 8/29/05 305 572 1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #