

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jul 05, 2005 08:00 AM  
Secretary of State

DOCUMENT # F04000002998

1. Entity Name  
STRATEGIC ADVANTAGE ASSOCIATES INC.



Principal Place of Business  
9 LAW DRIVE 2ND FL  
FAIRFIELD, NJ 07004

Mailing Address  
PO BOX 837  
PINEBROOK, NJ 07058



06152005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3475544

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BERKOWITZ, BETH  
10160 COLLINS AVE STE. 103N  
BAL HARBOR, FL 33154

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
IRWIN-SZOSTAK, LAUREN  
9 LAW DRIVE 2ND FL  
FAIRFIELD, NJ 07004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
SZOSTAK, LOUIS FRANK  
9 LAW DRIVE 2ND FL  
FAIRFIELD, NJ 07004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000370911  
07/05/05-80036-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LAUREN IRWIN-SZOSTAK 6/9/05 (800) 333-5911