
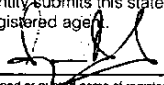


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90367 036 ***150.00

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DOCUMENT # F47453					
1. Entity Name P.T.E. STRAND CO., INC.					
Principal Place of Business 840 W. 20TH ST. HIALEAH, FL 33010			Mailing Address 1950 W 8TH AVE HIALEAH, FL 33010		
2. Principal Place of Business 1950 W. 8 th AVE.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FL		City & State		4. FEI Number 59-2139154	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 33010	Country USA	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SERGIO P. DALMAU 10565 SW 129 CT MIAMI, FL 33186			Name Sergio P. Dalmau		
			Street Address (P.O. Box Number is Not Acceptable) 600 GRAPETREE DRIVE # 7ES		
			City Key Biscayne FL Zip Code 33149		
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  - SERGIO P. DALMAU			DATE 3-30-06		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	PD DALMAU, SERGIO P. 10565 SW 129TH CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALMAU, SERGIO P 600 GRAPETREE DRIVE # 7ES KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DALMAU, SERGIO A 201 GALEN DR., #201 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALMAU, ANA M 10565 SW 129TH CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DALMAU, ANA M 600 GRAPETREE DRIVE, # 7ES KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALMAU, CECILIA M 10565 SW 129TH CT MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALMAU, CECILIA M 600 GRAPETREE DR., # 7ES KEY BISCAYNE, FL 33149 <input checked="" 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	D DALMAU, JORGE L. 600 GRAPETREE DR. # 7ES KEY BISCAYNE, FL 33149 <input type="checkbox"/> Change <input checked="" 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 life empowered.

SIGNATURE:  3-30-06 305-863-3409