

FILED
May 03, 2004 8:00 am
Secretary of State

94079825

DOCUMENT # F95000001295

1. Entity Name

STRATEGICA CAPITAL CORPORATION

Principal Place of Business

701 BRICKELL AVENUE
2500
MIAMI, FL 33131

Mailing Address

701 BRICKELL AVENUE
2500
MIAMI, FL 33131

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0572046

Applied For

Not Applicable

5. Certificate of Status Desired

CR2E034 (10/03)

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, DAVID J
701 BRICKELL AVENUE
SUITE 2500
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Corporate Creations Int'l Inc.
941 Fourth Street #200
Miami Beach FL 33139

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: KARLA SARRIA, VP CCNL 4/30/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CHANGE

ADDITION

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: Steven A. Cook, exp. 4/26/04 305-536-1414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR