

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90416 019 \*\*\*150.00

DOCUMENT # F95000001295  
 1. Entity Name  
**STRATEGICA CAPITAL CORPORATION**



Principal Place of Business Mailing Address  
 701 BRICKELL AVENUE 701 BRICKELL AVENUE  
 2500 2500  
 MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent  
**CORPORATE CREATIONS INT'E INC**  
~~941 FOURTH STREET #200~~  
~~MIAMI BEACH, FL 33139~~



04272005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**65-0572046** Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**10. OFFICERS AND DIRECTORS**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PDC                    | <input type="checkbox"/> Delete |
| NAME           | BURSTEIN, JACK D       |                                 |
| STREET ADDRESS | 701 BRICKELL AVE #2500 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33131        |                                 |
| TITLE          | VST                    | <input type="checkbox"/> Delete |
| NAME           | COOK, STEVEN R         |                                 |
| STREET ADDRESS | 701 BRICKELL AVE #2500 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33131        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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: Steven R. Cook **STEVEN R. COOK, Exec UP** 4/27/05 305-536-1414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #