

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G82428**

1. Entity Name  
PHOENIX STRATEGIC STUDIES, INC.



Principal Place of Business  
10780 S.W. 190TH ST.  
MIAMI, FL 33157

Mailing Address  
10780 S.W. 190TH ST.  
MIAMI, FL 33157



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2355164

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

AL, J. DR ESQUIVEL  
10780 SW 190TH STREET  
MIAMI, FL 33157

**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 retesting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ESQUIVEL, DR. J. AL
STREET ADDRESS	10780 S.W. 190TH ST.
CITY-STATE-ZIP	FORT LAUDERDALE, FL 333157
TITLE	ST
NAME	ESQUIVEL, DR. J. AL
STREET ADDRESS	10780 S.W. 190TH ST.
CITY-STATE-ZIP	MIAMI, FL 33157
TITLE	VD
NAME	CARRIO, MARLENE A.
STREET ADDRESS	10780 S.W. 190TH ST.
CITY-STATE-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

U000000728671  
05/08/07-80009-001 1428.75

**DO NOT WRITE  
IN THIS SPACE**

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 like empowered.

**SIGNATURE:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-13-07

Date

(305)238-0477

Daytime Phone #