

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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May 07, 2008 8:00 am
Secretary of State

05-07-2008 90168 001 *1,428.75

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04032008 Chg-P CR2E034 (12/06)

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		
2. Principal Place of Business - No P.O. Box, # 9955 S.W. 87th Ct.		3. Mailing Address 9955 S.W. 87th Ct.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FLORIDA		City & State MIAMI, Florida		4. FEI Number 59-2355164	
Zip 33176		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AL, J. DR ESQUIVEL 10780 SW 190TH STREET MIAMI, FL 33157		7. Name and Address of New Registered Agent Name DR. J. AL ESQUIVEL Street Address (P.O. Box Number is Not Acceptable) 9955 S.W. 87th Ct. City MIAMI, FLORIDA FL Zip Code 33176			
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 Dr. J. Al Esquivel DATE 04-03-08 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00			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 ESQUIVEL, DR. J. AL 10780 S.W. 190TH ST. FORT LAUDERDALE, FL 333157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ESQUIVEL, DR. J. AL 10780 S.W. 190TH ST. MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARRIO, MARLENE A. 10780 S.W. 190TH ST. MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Dr. J. Al Esquivel DATE: 04-03-08 DAYTIME PHONE #: (305) 228-0477 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		