


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000066313</b>	
1. Entity Name STRATEGIC SANTA CLARA, INC.	

Principal Place of Business 1500 SAN REMO AVENUE SUITE 300 CORAL GABLES, FL 33146 US	Mailing Address 1500 SAN REMO AVENUE SUITE 300 CORAL GABLES, FL 33146 US
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**DO NOT WRITE IN THIS SPACE**



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1032519	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCHREIBER RODON-ALVAREZ, P.A. 2222 PONCE DE LEON BLVD PENTHOUSE SUITE CORAL GABLES, FL 33134
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when recasting) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000076887 03/05/04-80020-018-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVINO, JOAQUIN 1500 SAN REMO AVENUE, SUITE 300 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, ANA 1500 SAN REMO AVENUE, SUITE 300 CORAL GABLES, FL 33146
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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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_