


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000105687	
1. Entity Name STRATEGIC REAL ESTATE ADVISORS, INC.	

Principal Place of Business 4369 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33410	Mailing Address 4369 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33410
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FILED
06 APR 25 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2356781	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

HORWITZ, SUZANNE M
4369 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

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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 on registered agent.

SIGNATURE *Suzanne Horwitz* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, SUZANNE M 4369 NORTHLAKE BOULEVARD PALM BEACH GARDENS, FL 33410
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05/05/06--01011--001 **600.00

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: *Suzanne Horwitz* 3/27/06 (561) 202-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #