

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000105687

1. Entity Name
STRATEGIC REAL ESTATE ADVISORS, INC.



FILED

07 MAR 26 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4369 NORTHLAKE BOULEVARD 4369 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7040-22 Seminole Pratt Whitney Rd 7040-22 Seminole Pratt Whitney Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-P CR2E034 (12/06)

City & State
Loxahatchee, FL

City & State
Loxahatchee, FL

4. FEI Number
56-2356781

Applied For
Not Applicable

Zip Country
33470

Zip Country
33470

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7040-22 Seminole Pratt Whitney Rd.

City Loxahatchee

FL

Zip Code 33470

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 reinstating)

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 D
NAME HORWITZ, SUZANNE M
STREET ADDRESS 4369 NORTHLAKE BOULEVARD
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7040-22 Seminole Pratt Whitney Rd.
CITY-ST-ZIP Loxahatchee, FL 33470

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800095360718
CITY-ST-ZIP 03/30/07--01028--001 **\$50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/07 561-502-2400