


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 006 ***150.00

DOCUMENT # P01000105687 1. Entity Name STRATEGIC REAL ESTATE ADVISORS, INC.					
Principal Place of Business 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470 US			Mailing Address 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470 US		
2. Principal Place of Business - No P.O. Box # 11358 Okeechobee Blvd			3. Mailing Address Suite # 2		
Suite, Apt. #, etc. Suite # 2			Suite, Apt. #, etc. Suite # 2		
City & State Royal Palm Beach, FL			City & State Royal Palm Beach, FL		
Zip 33411		Country US		Zip 33411	
Country US		Country US		4. FEI Number 56-2356781	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HORWITZ, SUZANNE M 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470			7. Name and Address of New Registered Agent Name SUZANNE M. HORWITZ Street Address (P.O. Box Number is Not Acceptable) 11358 Okeechobee Blvd. Suite # 2 City Royal Palm Beach FL Zip Code 33411		
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 <i>Suzanne Horwitz</i> DATE 4/29/08 <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	D <input type="checkbox"/> Delete HORWITZ, SUZANNE M 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11358 Okeechobee Blvd. Suite # 2 Royal Palm Beach, FL 33411		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Suzanne Horwitz</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/29/08 Daytime Phone #			