


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90017 026 \*\*\*150.00

<b>DOCUMENT # P02000009026</b>	
1. Entity Name <b>STRATEGIC FINANCIAL ADVISORS, INC.</b>	

Principal Place of Business <b>1 W. CAMINO REAL, #118 BOCA RATON, FL 33432</b>	Mailing Address <b>1 W. CAMINO REAL, #118 BOCA RATON, FL 33432</b>
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2. Principal Place of Business <b>925 S. Federal Hwy.</b>	3. Mailing Address <b>925 S. Federal Hwy.</b>
Suite, Apt. #, etc. <b>Suite 350</b>	Suite, Apt. #, etc. <b>Suite 350</b>
City & State <b>BOCA RATON, FL</b>	City & State <b>BOCA RATON, FL</b>
Zip <b>33432</b>	Country <b>USA</b>

07072004 Chg-P CR2E034 (10/03)

4. FEI Number <b>32-2158426</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>POPPER, CLIFFORD A 1 W. CAMINO REAL, #118 BOCA RATON, FL 33432</b>	7. Name and Address of New Registered Agent Name <b>Popper, Clifford A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>925 S. Federal Hwy</b> <b>Suite 350</b> City <b>BOCA RATON</b> FL <b>33432</b>
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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 of registered agent.

SIGNATURE Clifford Popper DATE 7-8-04  
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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 <b>POPPER, CLIFFORD A 1 W. CAMINO REAL, #118 BOCA RATON, FL 33432</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Popper, Clifford A. 925 S. Federal Hwy, Suite 350 BOCA RATON, FL 33432</b>
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
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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 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: Clifford Popper 7-8-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #