


**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90126 040 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000035588** (L)

1. Entity Name  
**STRATEGIC INVESTMENT GROUP INC.**



Principal Place of Business  
 4176 N STATE RD 7  
 LAUDERDALE LAKES FL 33319

Mailing Address  
 4176 N STATE RD 7  
 LAUDERDALE LAKES FL 33319

**55047461**

2. Principal Place of Business  
 2874 No State Rd 7  
 Suite, Apt. #, etc.

3. Mailing Address  
 2874 No. State Rd 7  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
 Lauderdale Lakes, FL

City & State  
 Lauderdale Lakes, FL

4. FEI Number  
 02-0579147

Applied For  
 Not Applicable

Zip  
 33313

Country  
 Broward

Zip  
 33313

Country  
 Broward

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

6. Name and Address of Current Registered Agent  
**BROWN, RUPERT**  
 4176 N STATE RD 7  
 LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent  
 Name  
**Rupert Brown**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2874 North State Rd 7  
 City  
 Lauderdale Lakes FL Zip Code  
 33313

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 Rupert Brown DATE 4-21-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete BROWN, RUPERT 4176 N STATE RD 7 LAUDERDALE FL 33319	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2874 No. State Rd 7 Lauderdale Lakes, FL 33313	
TITLE D	<input type="checkbox"/> Delete BROWN, SYLVIA 4176 N STATE RD 7 LAUDERDALE LAKES FL 33319	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2874 N. State Rd 7 Lauderdale Lakes, FL 33313	
TITLE VP	<input type="checkbox"/> Delete BROWN, ANDRE 4176 N STATE RD 7 LAUDERDALE LAKES FL 33319	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2874 W. State Rd 7 Lauderdale Lakes, FL 33313	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

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 REQUIRED DATE 4-21-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR