

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90062 014 \*\*\*158.75

**DOCUMENT # P03000023300**

1. Entity Name  
**STRATEGIC PROPERTIES GROUP, INC.**



Principal Place of Business  
**815 N.W. 57TH AVENUE  
SUITE 405  
MIAMI, FL 33126**

Mailing Address  
**815 N.W. 57TH AVENUE  
SUITE 405  
MIAMI, FL 33126**

64060107

2. Principal Place of Business  
**4300 Biscayne Blvd.**

3. Mailing Address  
**4300 Biscayne Blvd.**

Suite, Apt. #, etc.

City & State  
**MIAMI FL.**

City & State  
**MIAMI FL.**

Zip  
**33137**

Country  
**USA**

Zip  
**33137**

Country  
**USA**



01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**ESPINOSA, PATRICIA O ESQ.  
815 N.W. 57TH AVENUE  
SUITE 405  
MIAMI, FL 33126**

4. FEI Number  
**37-1459838**

Applied For  
☐ Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST PINO, HENRY 815 NW 57TH AVENUE #405 MIAMI, FL 33126</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT Vivian BONET RUBIO 10335 SW 35 Terrace MIAMI, FL 33165</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PINO, HENRY 815 NW 57TH AVENUE #405 MIAMI, FL 33126</b> <input checked="" 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:** *Wm. Sant...* **3/12/04** **305 573 7140**

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