
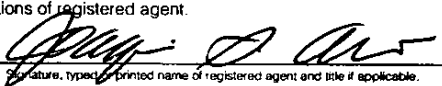


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90012 034 ***158.75

DOCUMENT # P03000033169			
1. Entity Name STRATEGIC SANTA CLARA II, INC.			
Principal Place of Business 8095 SW 78 ST. MIAMI, FL 33143		Mailing Address P.O. BOX 831766 MIAMI, FL 33283-1766	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MCDONOUGH, BRAIN J 2200 MUSEUM TOWER 150 W FLAGLER ST MIAMI, FL 33130		7. Name and Address of New Registered Agent Name: JOAQUIN G. AVINO Street Address (P.O. Box Number is Not Acceptable): 8095 SW 78 ST City: MIAMI FL Zip Code: 33143	
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 resigning) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PRES AVINO, JOAQUIN G 1500 SAN REMO AVENUE, #170 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 831766 MIAMI, FL 33283-1766 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RODRIGUEZ, ANA L 1500 SAN REMO AVENUE, #170 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. BOX 831766 MIAMI, FL 33283-1766 <input checked="" 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 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 #

40040031



03202007 Chg-P CR2E034 (12/06)

4. FEI Number
04-3755438

Applied For
Not Applicable

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