

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91025 013 \*\*\*150.00

<b>DOCUMENT # P03000036658</b> 1. Entity Name <b>STRATEGIC CONTRACTING, INC.</b>					
Principal Place of Business <b>177 OCEAN LANE DRIVE #608 KEY BISCAYNE, FL 33149</b>			Mailing Address <b>177 OCEAN LANE DRIVE #608 KEY BISCAYNE, FL 33149</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>83-0355983</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROA BODIN, GLORIA 2655 LEJEUNE ROAD, SUITE #1001 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>SALAZAR LISSETTE P. ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>260 GRANDDOLL BLVD. SUITE 48</b> City <b>KEY BISCAYNE</b> <b>FL</b> <b>33149</b>	
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 <b>LISSETTE SALAZAR</b> <b>4/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST ORTEGA, ALBERTO R 177 OCEAN LANE DRIVE #608 KEY BISCAYNE, FL 33149</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <b>ALBERTO R. ORTEGA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/29/04</b> <b>305-205-7957</b> <small>Date Daytime Phone #</small>		