

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91025 002 \*\*\*150.00

DOCUMENT # P03000045496

1. Entity Name  
STRATEGIC INVESTMENT PROPERTY, INC.



Principal Place of Business  
177 OCEAN LANE DRIVE  
APT. #608  
KEY BISCAYNE, FL 33149

Mailing Address  
177 OCEAN LANE DRIVE  
APT. #608  
KEY BISCAYNE, FL 33149

94081949



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number

11-3687915

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ORTEGA POMPEO, ALBERTO R  
177 OCEAN LANE DRIVE  
APT. #608  
KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name: SOLORZAR LISSETTE P. ESQ

Street Address (P.O. Box Number is Not Acceptable)

260 CROWDON BLVD. SUITE 48

City: KEY BISCAYNE

FL

Zip Code: 33149

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

*[Signature]*  
Signature, typed or printed name of registered agent and title, if applicable

*[Signature]* LISSETTE SOLORZAR

4/29/04

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

TITLE: P/D  
NAME: PEROSCH, ALBERTO  
STREET ADDRESS: 177 OCEAN LANE DRIVE APT. #812  
CITY-ST-ZIP: KEY BISCAYNE, FL 33149

☐ Delete

TITLE: VP/D  
NAME: ORTEGA POMPEO, ALBERTO R  
STREET ADDRESS: 177 OCEAN LANE DRIVE, APT. #608  
CITY-ST-ZIP: KEY BISCAYNE, FL 33149

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TITLE: SEC  
NAME: ORTEGA POMPEO, ALBERTO R  
STREET ADDRESS: 177 OCEAN LANE DRIVE, APT. #608  
CITY-ST-ZIP: KEY BISCAYNE, FL 33149

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ 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:

*[Signature]* ALBERTO R. ORTEGA

04/29/04

305-205-7957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone