


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 Mailing Address

177 OCEAN LANE DRIVE **177 OCEAN LANE DRIVE**
APT. #608 **APT. #608**
KEY BISCAIYNE, FL 33149 **KEY BISCAIYNE, 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 BISCAIYNE, FL 33149

7. Name and Address of New Registered Agent

Name: **SALAZAR LISSETTE P. ESQ**
 Street Address (P.O. Box Number is Not Acceptable): **260 CROWDON BLVD. SUITE 48**
 City: **KEY BISCAIYNE** 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:  **LISSETTE SALAZAR** 4/29/04

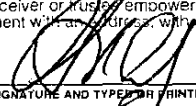
Signature, typed or printed name of registered agent and title, if applicable. (Title of registered agent signature is required when resigning.) DATE

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	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEROSCH, ALBERTO		NAME		
STREET ADDRESS	177 OCEAN LANE DRIVE APT. #812		STREET ADDRESS		
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP		
TITLE	VP/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTEGA POMPEO, ALBERTO R		NAME		
STREET ADDRESS	177 OCEAN LANE DRIVE, APT. #608		STREET ADDRESS		
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP		
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ORTEGA POMPEO, ALBERTO R		NAME		
STREET ADDRESS	177 OCEAN LANE DRIVE, APT. #608		STREET ADDRESS		
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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:  **ALBERTO R. ORTEGA** 04/29/04 305-205-7957

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