

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051957

**FILED**  
**Apr 29, 2004**  
**Secretary of State**

**Entity Name:** STRATEGIC ADVANTAGE SOLUTIONS, INC.

**Current Principal Place of Business:**

6574 NORTH STATE ROAD 7  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6574 NORTH STATE ROAD 7  
COCONUT CREEK, FL 33073

**New Mailing Address:**

6574 NORTH STATE ROAD 7, #346  
COCONUT CREEK, FL 33073

FEI Number: 47-0919222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOPLOVITZ, DAVID E  
5403 NW 109TH LANE  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

SMITH, DEBORAH L  
6574 NORTH STATE ROAD 7, #346  
COCONUT CREEK, FL 33073 US

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.

SIGNATURE: DEBORAH L. SMITH

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KOPLOVITZ, DAVID E  
Address: 5403 NW 109TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: KOPLOVITZ, DAVID E  
Address: 5403 NW 109TH LANE  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Change (X) Addition  
Name: SMITH, MARK R  
Address: 6174 NW 56TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP ( ) Change (X) Addition  
Name: SMITH, DEBORAH L  
Address: 6174 NW 56TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH L. SMITH

VP

04/29/2004

Electronic Signature of Signing Officer or Director

Date