

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90041 039 ***150.00

DOCUMENT # P04000055500



1. Entity Name
STRATS INC

Principal Place of Business Mailing Address
 10140 TORCHWOOD AVE 10140 TORCHWOOD AVE
 PLANTATION, FL 33324 PLANTATION, FL 33324

40028698



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.
 248 San Marco Drive 248 San Marco Drive

03012007 Chg-P CR2E034 (12/06)

City & State City & State
 Venice Fl Venice Fl

4. FEI Number Applied For
 56-2450658 Not Applicable

Zip Country Zip Country
 34285 USA 34285 USA

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

6. Name and Address of Current Registered Agent
 MODAS, DANIEL A
 1215 S.E. 2ND AVE., #202
 FT. LAUDERDALE, FL 33335

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SIMIC, DANILO | | | NAME | 248 San Marco Drive | | |
| STREET ADDRESS | 10140 TORCHWOOD AVENUE | | | STREET ADDRESS | Venice Fl 34285 | | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | | | CITY-ST-ZIP | | | |
| TITLE | V | <input type="checkbox"/> Delete | | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HACHMANN-SIMIC, SANDRA | | | NAME | 248 San Marco Drive | | |
| STREET ADDRESS | 10140 TORCHWOOD AVENUE | | | STREET ADDRESS | Venice Fl 34285 | | |
| CITY-ST-ZIP | PLANTATION, FL 33324 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
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| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 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]* **03-01-2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #