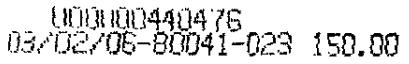


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000018687		
1. Entity Name STRAKA, CORP.		
Principal Place of Business 2450 N.E. MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33180		Mailing Address 2450 N.E. MIAMI GARDENS DRIVE 2ND FLOOR NORTH MIAMI BEACH, FL 33180
DO NOT WRITE IN THIS SPACE		
		 02162006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0548462 Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SUPRASKI, LOUIS A 2450 N.E. MIAMI GARDENS DRIVE 2ND FLOOR N. MIAMI BEACH, FL 33180		DO NOT WRITE IN THIS SPACE
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD STRAKA, RUTH G 9455 COLLINS AVENUE #305 SURFSIDE, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD STRAKA, THOMAS A 9455 COLLINS AVE #305 SURFSIDE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <u>Ruth Straka</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>2/16/06</u> Daytime Phone #