


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90039 029 ***150.00

DOCUMENT # P97000026476		
1. Entity Name STRANDHILL, INC.		

Principal Place of Business 2222 PONCE DE LEON BLVD. PENTHOUSE SUITE CORAL GABLES, FL 33134	Mailing Address C/O 1330 CORAL WAY #305 MIAMI, FL 33145
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2. Principal Place of Business		3. Mailing Address 40 701 S.W. 27 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE # 606	
City & State		City & State Miami, FL 33135	
Zip	Country	Zip	Country
		33135	U.S.A.

54009672



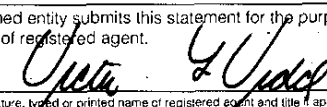
02182004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0826372	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VIDAL, VICTOR L 1330 CORAL WAY #305 MIAMI, FL 33145	
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7. Name and Address of New Registered Agent	
Name VICTOR L. VIDAL	
Street Address (P.O. Box Number is Not Acceptable) 701 SW 27 AVE #606	
City Miami, FL 33135	
City Miami	Zip Code FL 33135

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 	DATE 2/18/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENICUCCI, RAFAEL 2222 PONCE DE LEON BLVD. PH SUITE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

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