

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000052995

1. Entity Name
STRATEGIC ACQUISITIONS CORP.



Principal Place of Business
**208 SOVEREIGN COURT
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**790 SUMMA AVENUE
WESTBURY, NY 11590**

DO NOT WRITE IN THIS SPACE

03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3457250

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STONE, STEPHEN M
725 N MAGNOLIA AVE
ORLANDO, FL 32803**

**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 renewing.)

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

**1100000511822
04/29/06-00065-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JAFFER, SADIQUE
STREET ADDRESS	790 SUMMA AVE
CITY - ST - ZIP	WESTBURY, NY 11590
TITLE	VP
NAME	RAMETRA, SURINDRA
STREET ADDRESS	790 SUMMA AVE
CITY - ST - ZIP	WESTBURY, NY 11590
TITLE	S
NAME	HAJEE, SUKAINA
STREET ADDRESS	233-35 39TH ROAD
CITY - ST - ZIP	DOUGLAOTON, NY 11365
TITLE	D
NAME	PARMAR, BIPIN
STREET ADDRESS	528 BERNARD STREET
CITY - ST - ZIP	EAST MEADOW, NY 11554
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #