


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000052995</b> 1. Entity Name <b>STRATEGIC ACQUISITIONS CORP.</b>	
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Principal Place of Business <b>208 SOVEREIGN COURT ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address <b>790 SUMMA AVENUE WESTBURY, NY 11590</b>
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3457250</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	DATE <b>05/22/08-80015-012 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAFFER, SADIQUE 790 SUMMA AVE WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAMETRA, SURINDRA 790 SUMMA AVE WESTBURY, NY 11590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAJEE, SUKAINA 233-36 39TH ROAD DOUGLAOTON, NY 11365
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARMAR, BIPIN 528 BERNARD STREET EAST MEADOW, NY 11554
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4-18-08** **407-649-9888 x7.34**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #