## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **ANNUAL REPORT DOCUMENT # P97000088660** 1. Entity Name FILED STRATEGIC REAL ESTATE CORP. 05 MAR 29 PH 2: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4769 NORTHLAKE BLVD. 4769 NORTHLAKE BLVD. PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 No Chg-P CR2E034 (10/03) 03082005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0791045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HORWITZ, SUZANNE DO NOT WRITE 11971 CARNEGIE WEST PALM BEACH, FL 33412 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HORWITZ, SUZANNE NAME STREET ADDRESS 11971 CARNAGIE CITY-ST-ZIP W. PALM BEACH, FL 33412 100050135511 04/07/05--01065--016 \*\*\*900.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information subplied with this filling 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 supplier eport 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 of 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 of the handdress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED ORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #