

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000088660

1. Entity Name
STRATEGIC REAL ESTATE CORP.



FILED

07 MAR 26 PM 2:32

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4769 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

Mailing Address
4769 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

2. Principal Place of Business - No P.O. Box #
7040-22 Seminole Pratt Whitney Rd
Suite, Apt. #, etc.

3. Mailing Address
7040-22 Seminole Pratt Whitney Rd
Suite, Apt. #, etc.



03202007 Chg-P CR2E034 (12/06)

City & State
Loxahatchee, FL
Zip
33470
Country
US

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Zip
33470
Country
US

4. FEI Number
65-0791045
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HORWITZ, SUZANNE
11971 CARNegie
WEST PALM BEACH, FL 33412

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
7040-22 Seminole Pratt Whitney Rd.
City Loxahatchee FL Zip Code 33470

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS HORWITZ, SUZANNE
CITY-ST-ZIP 11971 CARNegie
W. PALM BEACH, FL 33412 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 7040-22 Seminole Pratt Whitney Rd.
CITY-ST-ZIP Loxahatchee, FL 33470 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #