

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 004 ***150.00

DOCUMENT # P97000088660 1. Entity Name STRATEGIC REAL ESTATE CORP.					
Principal Place of Business 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470 US			Mailing Address 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470 US		
2. Principal Place of Business - No P.O. Box # 11358 Okeechobee Blvd.			3. Mailing Address Suite # 2		
Suite, Apt. #, etc. Suite # 2			Suite, Apt. #, etc. Suite # 2		
City & State Royal Palm Beach, FL			City & State Royal Palm Beach, FL		
Zip 33411		Country US		Zip 33411	
Country US		Zip 33411		Country US	
6. Name and Address of Current Registered Agent HORWITZ, SUZANNE 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470				7. Name and Address of New Registered Agent Name Suzanne Horwitz Street Address (P.O. Box Number is Not Acceptable) 11358 Okeechobee Blvd. Suite # 2 Royal Palm Beach FL Zip Code 33411	
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 <u><i>Suzanne Horwitz</i></u> DATE <u>4/29/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORWITZ, SUZANNE <input type="checkbox"/> Delete 7040 - 22 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11358 Okeechobee Blvd. Suite # 2 Royal Palm Beach, FL 33411					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> 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 <u><i>Suzanne Horwitz</i></u> DATE <u>4/29/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01292008 Chg-P CR2E034 (12/06)

4. FEI Number **65-0791045** Applied For ☐ Not Applicable ☐

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