2004 FOR PROFIT CORPORATION

Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P98000053400** 1. Entity Name 04-26-2004 90556 011 ***150.00 STRATA DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 3843 N.W. 65TH DRIVE 3843 N.W. 65TH DRIVE BOCA RATON, FL 33496 BOCA RATON, FL 33496 03022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0846486 Not Applicable \$8.75 Additional 5., Certificate of Status Desired - - -6. Name and Address of Current Registered Agent ALTMAN, OWEN DO NOT WRITE **16193 RIO DEL SOL** DELRAY BEACH, FL 33446 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 . , DATE , Signature, typed or printed name of registered agent and title if applicable. .v. (NOTE: Registered Agent signeture required when reinstating). \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. : Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ALTMAN, OWEN STREET ADDRESS 16193 RIO DEL SOL CITY-ST-ZIP DELRAY BEACH, FL 33446 TITLE NAME RUBENSTEIN, LEON STREET ADDRESS 3843 LANDINGS DR CITY-ST-7/P BOCA RATON, FL 33496 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing 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 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.

SIGNATURE:

ร อดสำรัฐอาณาจิติสาราชิก

NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

FILED