

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000053400 1. Entity Name STRATA DEVELOPMENT CORPORATION	
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Principal Place of Business
**3843 N.W. 65TH DRIVE
BOCA RATON, FL 33496**

Mailing Address
**3843 N.W. 65TH DRIVE
BOCA RATON, FL 33496**



03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. F&I Number 65-0846486	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALTMAN, OWEN
16193 RIO DEL SOL
DELRAY BEACH, FL 33446**

**DO NOT WRITE
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 re-registering)

U000000402400

113/21/06-80035-000 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALTMAN, OWEN
STREET ADDRESS	16193 RIO DEL SOL
CITY-ST-ZIP	DELRAY BEACH, FL 33446

TITLE	D
NAME	RUBENSTEIN, LEON
STREET ADDRESS	3843 LANDINGS DR
CITY-ST-ZIP	BOCA RATON, FL 33496

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
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 or without the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

3/2/06 561994/894