## 2004 FOR PROFIT CORPORATION

## Mar 25, 2004 8:00 am **Secretary of State ANNUAL REPORT** DOCUMENT # P99000020941 03-25-2004 90010 011 \*\*\*158.75 1. Entity Name STRATEGIC WORLDWIDE CONSULTING INC. Principal Place of Business Mailing Address 13800 SW 8 STREET 13800 SW 8 STREET 54021982 #108 #108 MIAMI, FL 33184 MIAMI, FL 33184 3. Mailing Address P.O. BOX 2. Principal Place of Business 310695 BRICKELL AVENUE Suite, Apt. #, etc. 03212004 Chg-P CR2E034 (10/03) City & State . F-CORI OG 4 FEI Number Applied For 65-0909717 Not Applicable Country A \$8.75 Additional ಕ್ಷ್ 231 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORALES, SUZETTE Street Address (P.O. Box Number is Not Acceptable) 12950 SW 3RD ST. MIAMI, FL 33184 Zip Code 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 **\$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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Strategic Worldwide Consulting Inc. PRESIDENT Delete ☐ Addition TITLE TITLE MORALES, SUZETTÉ NAME NAME 1925 BRICKEN AVE. P.O. Box 310695 STREET ADDRESS 12950 SW 3RD ST. STREET ADDRESS MIAMI, FL 33184 CITY-ST-ZIP Miami, FL 33231 CITY-ST-ZIP 1420 BayshorE DRIVE X Change TITLE TD ☐ Delete TIT1 F MORALES, JUAN C JR. NAME NAME APT 1402 STREET ADDRESS 12950 SW 3RD ST. STREET ADDRESS MIAMI Florida 33131 CITY-ST-ZIP MIAMI, FL 33184 CITY-ST-ZIP TITLE SD ☐ Delete TITLE Strategic Worldwide Consulting line. MORALES, ROGER NAME NAME 1925 BRICHER DUF P.O. Box 310695 STREET ADDRESS 12950 SW 3RD ST. STREET ADDRESS Miami, FL 33231 CITY-ST-ZIP MIAMI, FL 33184 CITY-ST-ZIP Delete TITLE TITLE MORALES, JUAN C NAME NAME 1) 8/8/6 STREET ADDRESS 12950 SW 3 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied 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 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

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changed, or on an attachment with an address, with all other like empowered. 3-23-200Y TRESI denl SIGNATURE: THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR