


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S84244</b> 1. Entity Name <b>SUCCESSFUL STRATEGIES, INC.</b>	
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Principal Place of Business <b>10107 W. OAKLAND PARK BLVD. SUNRISE, FL 33351</b>	Mailing Address <b>10107 W. OAKLAND PARK BLVD. SUNRISE, FL 33351</b>
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**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0295436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, RAFAEL A  
10172 NW 4TH STREET  
PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	11111111223780 02/10/05-80055-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERA, RAFAEL M 10172 NW 4TH STREET PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIVERA, MYRNA M 10172 NW 4TH STREET PLANTATION, FL 33324
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Myrna M. Rivera **MYRNA M. RIVERA** 2/7/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
954-572-7600