## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

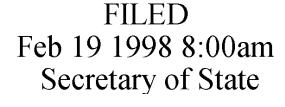
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

STRATEGIC PARTNERS CORPORATION



Principal Plac	e of Business	Mailing Address				E HODEL BLIDDE BOLLE BLOID BLOID BLOID BLID BLOID BLOID BLOID BLOID BLOID BLOID BLOID	
881 OCEAN		BBI OCEAN DR					
8G	<b>Σ</b> 11	8G					
KEY BISCAY	NE FL 33149	KEY BISCAYNE FL 33149				DO NOT WRITE IN THIS SPACE	
US		U\$				3. Date Incorporated or Qualified 12/30/1991	
<u> </u>	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21	<del></del>	26				<b>65-0301661</b> Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip Country		try		8. This corporation owes or has paid the current year Intangible	
24	25	29 30			Personal Property Tax due June 30.  Yes No		
	9. Name and Address of Curre	nt Hegistereo Agent			Name	10. Name and Address of New Registered Agent	
	ITIERREZ, RENALDY			1.			
601 BRICKELL KEY DRIVE SUITE 501					Street Addres	ss (P.O. Box Number is Not Acceptable)	
MIAMI FL 33131-2651				13			
					City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I am familiar with, and accept the obtigations of Section 607.0505, Florida Statutes.							
SIGNATURE	Signature, typed or printed name of registered ag	- 1000 8V	TE: Dogistored A		t signature required	460148	
12.		ID DIRECTORS	13.	- Mount	r aignalore requied	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE				Change Addition	
NAME	THOMSON, JOHN R		1.2 NAM	Æ			
STREET ADDRESS	104 CRANDON BLVD 311A	1.3 STREET ADDRESS		ADDRESS			
CITY - ST - ZIP			1.4 CITY	-ST-	- ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	Ē		Change Addition	
NAME	THOMSON, MARIA I.		2.2 NAME				
STREET ADDRESS	104 CRANDON BLVD 311A	IIA		2 3 STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAYNE FL	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		-ZIP	Tobaca Targina	
TITLE NAME	GUTIERREZ, RENALDY J.	L_ DELETE				Change Addition	
STREET ADDRESS	601 BRICKELL KEY DRIVE, S	SUITE 501	32 NAME 33 STREET ADDRESS		DDaree		
1	MIAMI FL 33131-2651	7011L 001	3.4 CITY-ST-ZIP				
CITY-\$1-ZIP TITLE			4.1 TITLE		- <u>LIF</u>	☐ Change ☐ Addition	
NAME			4. 2 NAM				
STREET ADDRESS			4.3 STRE	ET A	DORESS		
CITY-ST-ZIP			4.4 CITY	<u>- ST</u> -	- ZIP		
TITLE	DELETE 5.1		5.1 TITLE			☐ Change ☐ Addition	
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET AI	DDRESS		
CITY-ST-ZIP				ITY-ST-ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·		6.1 TITLE			☐ Change ☐ Addition	
NAME			6.2 NAMI	-	ADDRESS		
STREET ADDRESS			6.3 STRE		ŀ		
14. I hereby c	ertify that the information supplied w	vith this filing does not qualify f	or the exem	ntic	on stated in Se	ection 119.07(3)(i), Florida Statutes I further certify that the information	
indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.							