

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000008476

Entity Name: STRONGBOND CORP**Current Principal Place of Business:**REP MANAGEMENT SERVICES
P.O BOX 227506
DORAL, FL 33222**Current Mailing Address:**REP MANAGEMENT SERVICES
P.O BOX 227506
DORAL, FL 33222 US**FEI Number:** 80-0536016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAHIA CAMPOS, ANA L
350 SOUTH MIAMI AVENUE
APT. 501
MIAMI, FL 33130 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BAHIA CAMPOS, ANA L
Address	350 SOUTH MIAMI AVE APT. 501
City-State-Zip:	MIAMI FL 33130

Title	VP
Name	CATTORINI, GUIDO
Address	350 SOUTH MIAMI AVENUE APT. 501
City-State-Zip:	MIAMI FL 33130

Title	T
Name	CATTORINI, DANTE
Address	350 SOUTH MIAMI AVE APT. 501
City-State-Zip:	MIAMI FL 33130

Title	VP
Name	CATTORINI, BRUNO
Address	350 S MIAMI AV. #4105
City-State-Zip:	MIAMI FL 33130

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GUIDO CATTORINI

VP

06/29/2020

Electronic Signature of Signing Officer/Director Detail_____
Date