2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED **ANNUAL REPORT (AR)** Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P03000045588** 1. Entity Name 04-26-2004 91042 048 ***150.00 LOMBARDISTRENGTH, INC. Principal Place of Business Mailing Address 1101 WESTBURY POINTE DR #101 1101 WESTBURY POINTE DR #101 BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Bysiness 3. Mailing Address Risce CANR 1881 1605 C DRew Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 33570 LEARNATER KRAN OON 56-2352947 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOMBARDI, VINCENT J Street Address (P.O. Box Number is Not Acceptable) 1101 WESTBURY POINTE DR #101 **BRANDON FL 33511** Zip Code FL 8. The above named entity submits this statement for the purpose of stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 LOMBALDI, VINCENT D. 1605 CRESSON RIDLE LANE P Delete TITLE TITLE ☐ Addition LOMBARDI, VINCENT J NAME NAME BRANDON, FL. 33510 STREET ADDRESS 1101 WESTBURY POINTE DR #101 STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP Delete LOMBARDI, ALICE LANE TITLE TITLE ☐ Addition LOMBARDI, ALICE NAME STREET ADDRESS 1101 WESTBURY POINTE DR #101 STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE omBMD. Delete Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ÇITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all others