

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90498 044 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

20053807

DOCUMENT # P03000051678 1. Entity Name STRONG CITY ANDRADE, INC.					
Principal Place of Business 7136 GATESHEAD CR #5 ORLANDO, FL 32822			Mailing Address 7136 GATESHEAD CR #5 ORLANDO, FL 32822		
2. Principal Place of Business 13394 COLONY SQUARE DR		3. Mailing Address 13394 COLONY SQUARE DR			
Suite, Apt. #, etc. # 3012		Suite, Apt. #, etc. # 3012			
City & State ORLANDO		City & State ORLANDO			
Zip 32837		Country ORANGE		4. FEI Number 43-2010513	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ANDRADE, ALEXANDRE A 7136 GATESHEAD CT #5 ORLANDO, FL 32822			7. Name and Address of New Registered Agent Name ANDRADE ALEXANDRE A Street Address (P.O. Box Number is Not Acceptable) 13394 COLONY SQUARE DR # 3012 ORLANDO FL Zip Code 32837		
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 <input checked="" type="checkbox"/> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDRADE, ALEXANDRE A <input type="checkbox"/> Delete 7136 GATESHEAD CR #5 ORLANDO, FL 32822		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDRADE ALEXANDRE A 13394 COLONY SQUARE DR # 3012 ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ANDRADE, ADRIANA A 7136 GATESHEAD CR #5 ORLANDO, FL 32822		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ANDRADE ADRIANA A. 13394 COLONY SQUARE DR # 3012 ORLANDO, FL 32837	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 other like empowered.					
SIGNATURE: <input checked="" type="checkbox"/> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					