

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Jun 24, 2004 8:00 am
Secretary of State

05-13-2004 90010 012 ***155.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000157866 1. Entity Name STRAWBERRY CORPORATION OF ORLANDO, INC.					
Principal Place of Business 2454 RIO PINAR LAKES BLVD ORLANDO FL 32822 <i>749 South Semoran</i>			Mailing Address 2454 RIO PINAR LAKES BLVD ORLANDO FL 32822		
2. Principal Place of Business <i>749. Sout Semoran Blvd</i>		3. Mailing Address <i>2454 Rio Pinar Lakes Blvd</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <i>Orlando</i>			
City & State <i>Orlando FL</i>		City & State <i>FL</i>		4. FEI Number 20-0530985	
Zip <i>32807</i>		Country <i>Orlando</i>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip <i>32822</i>		Country <i>Orange</i>			
6. Name and Address of Current Registered Agent CARLOS, ALEJANDRO 2454 RIO PINAR LAKES BLVD ORLANDO FL 32822			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☒ \$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	P CARLOS, ALEJANDRO 2454 RIO PINAR LAKES BLVD ORLANDO FL 32822	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARLOS, ARTURO 2454 RIO PINAR LAKES BLVD ORLANDO FL 32822	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALTAMIRANO, GUADALUPE 2454 RIO PINAR LAKES BLVD ORLANDO FL 32822	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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: <i>CARLOS ALEJANDRO</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			Date <i>4/30/2004</i> Daytime Phone # _____		