

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90728 007 ***150.00

DOCUMENT # P04000001415
1. Entity Name
STRONG FENCE CORP



Principal Place of Business Mailing Address
12375 SW 153RD TRR. 12375 SW 153RD TRR.
MIAMI FL 33032 MIAMI FL 33032

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
12375 S.W. 253 Terrace P.O. BOX 161722
City & State City & State
Miami FL Miami, FL

Zip Country Zip Country
33032 DADE 33116-1722 DADE

4. FEI Number Applied For
20-0591220 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

94057334



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SUÁREZ, LEONARDO
12375 SW 153RD TRR.
MIAMI FL 33032

7. Name and Address of New Registered Agent
Name ~~LEONARDO SUAREZ~~
Street Address (P.O. Box Number is Not Acceptable)
~~12375 S.W. 253 Terrace~~
City Miami FL Zip Code 33032

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 Leonardo Suarez (NOTE: Registered Agent signature required when reinstating) DATE 4-14-2004

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, LEONARDO	NAME	
STREET ADDRESS	12375 SW 153RD TRR. 12375 S.W. 253 Terrace	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE: Leonardo Suarez DATE 4-14-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #