## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # P99000068011** 1. Entity Name STRONG INTERGROUP, CORP. Principal Place of Business Mailing Address 1400 N SEMORAN BLVD STE G 4551 E. LAKE DR ORLANDO, FL 32807 WINTER SPRINGS, FL 32708 No Chg-P CR2E034 (10/03) 04062005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3589538 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOTTI, LORENZO 4551 E. LAKE DRIVE DO NOT WRITE WINTER SPRINGS, FL 32708 IN THIS SPACE 6. 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TOTALE NAME HERNANDEZ, JUAN CARLOS 4551 E. LAKE DR STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS, FL 32708 000000331341 VΡ TITLE MEDINA, NORBERTO E 04/26/05-60014-011 150.00 NAME SEGUROLA 4310 STREET ADDRESS CITY-ST-ZIP BUENES AIRES, ARGENTINA, TD TITLE NAME NOTTI, LORENZO 4551 E. LAKE DR STREET ADDRESS DO NOT WRITE CITY-ST-ZIP WINTER SPRINGS, FL 32708 IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 received 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.

changed, or on an attachme

SIGNATURE:

FILED