

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2008 8:00 am
Secretary of State

08-05-2008 90003 014 ***150.00

DOCUMENT # P99000068011

1. Entity Name
STRONG INTERGROUP, CORP.



Principal Place of Business

Mailing Address

40112687



2. Principal Place of Business - No P.O. Box #
4551 E. Lake Drive
Suite, Apt. #, etc.

3. Mailing Address
4551 E. Lake Dr.
Suite, Apt. #, etc.

07232008 Chg-P CR2E034 (12/06)

City & State
Winter Springs FL
Zip
32708
Country
Senixole

City & State
Winter Springs, FL
Zip
32708
Country
Senixole

4. FEI Number
59-3589538
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NOTTI, LORENZO
4551 E. LAKE DRIVE
WINTER SPRINGS, FL 32708

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JUAN CARLOS	
STREET ADDRESS	4551 E. LAKE DR	
CITY - ST - ZIP	WINTER SPRINGS, FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEDINA, NORBERTO E	
STREET ADDRESS	SEGUROLA 4310	
CITY - ST - ZIP	BUENES AIRES, ARGENTINA,	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOTTI, LORENZO	
STREET ADDRESS	4551 E. LAKE DR	
CITY - ST - ZIP	WINTER SPRINGS, FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Lorenzo Notti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/08

Date

Daytime Phone #