


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90093 023 ***150.00

DOCUMENT # V18551
 1. Entity Name
OFFICE FURNITURE BY TEMPO, INC.



Principal Place of Business 4136 E 10TH LANE HALEAH, FL 33013	Mailing Address 4136 E 10TH LANE HALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0337022 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, CARLOS
 4136 E 10TH LANE
 HIALEAH, FL 33013**

DO NOT WRITE IN THIS SPACE

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 _____

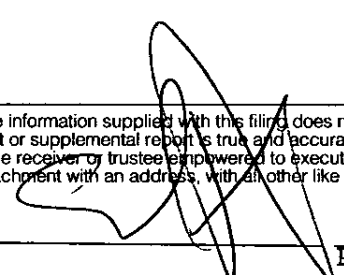
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, CARLOS 4137 EAST 11TH AVENUE 4136 E. 10th Lane HIALEAH, FL Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PEREZ, CANDIDA ROSA 4137 E 11 AVENUE 4136 E. 10th Lane HIALEAH, FL Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, ADDIE 4137 E 11 AVENUE 4136 E. 10th Lane HIALEAH, FL Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Carlos Perez 01/23/04 305-685-3077

Print Name Date Day Tele. No.