

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90047 046 ***150.00

DOCUMENT # V18551

1. Entity Name
OFFICE FURNITURE BY TEMPO, INC.



Principal Place of Business

4136 E. 10TH LANE
 HIALEAH, FL 33013

Mailing Address

4136 E. 10TH LANE
 HIALEAH, FL 33013

50010154



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0337022

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 **D** Delete
 NAME **PEREZ, CARLOS**
 STREET ADDRESS **4136 E. 10TH LANE**
 CITY-ST-ZIP **HIALEAH, FL 33013**

TITLE **PD.** Change Addition

TITLE **V** Delete
 NAME **PEREZ, CANDIDA ROSA**
 STREET ADDRESS **4136 E. 10TH LANE**
 CITY-ST-ZIP **HIALEAH, FL 33013**

TITLE **SD** Change Addition

TITLE **S** Delete
 NAME **PEREZ, ADDIE**
 STREET ADDRESS **4136 E. 10TH LANE**
 CITY-ST-ZIP **HIALEAH, FL 33013**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-31-05