2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90062 009 ****61.25

DOCUMENT # 751960

1. Entity Name
TEMPO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4301 N.W. S TAMIAMI CANAL DR #211 MIAMI, FL 33126	400 SW 107TH AVE #312 MIAMI, FL 33174 US

03142004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2033843
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORENO, ONEIDA
400 SW 107TH AVE
SUITE 312
MIAMI, FL 33174

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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 Oneida Moreno 4/19/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LOPEZ, ALICIA
STREET ADDRESS	4301 NW S TAMIAMI CANAL DR #271
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	~~PD~~ Director
NAME	MAYA, FREDDY
STREET ADDRESS	4275 NW 18 ST #102
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	~~DS~~ Director
NAME	MONDUY, LORENZO
STREET ADDRESS	4301 NW 18 ST #215
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	T/D
NAME	NEIDO HERNANDEZ
STREET ADDRESS	4265 N.W. 18 St. # 213
CITY-ST-ZIP	Miami, FL 33126
TITLE	S/D
NAME	OSVALDO PINO
STREET ADDRESS	4265 N.W. 18 St. # 305
CITY-ST-ZIP	Miami, FL 33126
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 617, 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: Alicia Lopez 4/19/04 (305) 220-5684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alicia Lopez President Date Daytime Phone #