

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # F91068

1. Entity Name
TEMPO MANAGEMENT CORP.



Principal Place of Business
**1500 SAN REMO AVENUE
SUITE 410
CORAL GABLES, FL 33146 US**

Mailing Address
**1500 SAN REMO AVENUE
SUITE 410
CORAL GABLES, FL 33146 US**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2212963

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANO, LOURDES
1500 SAN REMO AVENUE, SUITE 410
MIAMI, FL 33146**

**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 _____
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
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILDENBERG, ISAAC
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 410
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ST
NAME MILDENBERG, JANIN
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 410
CITY-ST-ZIP MIAMI, FL 33146

TITLE VP
NAME CANO, LOURDES
STREET ADDRESS 1500 SAN REMO AVENUE, SUITE 410
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE
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U00000585575
01/16/07-80018-005 158.75

**DO NOT WRITE
IN THIS SPACE**

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: Loures Cano Loures CANO 1/5/07 305-662-6840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #