


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2004 8:00 am**  
**Secretary of State**

08-25-2004 90003 042 \*\*\*150.00

<b>DOCUMENT # H46348</b>	
1. Entity Name TEMPUS INTERNATIONAL CORP.	

Principal Place of Business 20201 NE 16TH PLACE MIAMI, FL 33130-4403	Mailing Address <del>20201 NE 16TH PL</del> <i>2280 N. Greenville Ave.</i> <del>MIAMI, FL 33179</del> <i>Richardson, TX 75082</i>
--	---

**54069809**

**DO NOT WRITE IN THIS SPACE**



08102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2502378</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE., STE 3000  
MIAMI, FL 33131

**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 \_\_\_\_\_

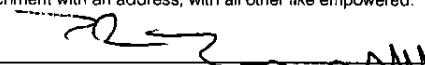
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAROUH, JACK 5831 SW 33 TERR. FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAROUH, RITA 5831 SW 33RD TERR. FT. LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> T.R. Tunnell <i>2280 N. Greenville Ave.</i> <i>Richardson, TX 75082</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> Randy Kercho <i>2280 N. Greenville Ave.</i> <i>Richardson, TX 75082</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **8-18-04 972-699-6816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #