2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000053959

1. Entity Name
TENDENZE-ARQUETIPO INC.

Principal Place of Business	Mailing Address
373 ARAGON AVE CORAL GABLES, FL 33134	3573 S.W. 173RD TERRACE MIRAMAR, FL 33029

07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1034323
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ALIBRANDI, ALBERTO
3573 S.W. 173RD TERRACE
MIRAMAR, FL 33029

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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 _____ 000001683516
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) 08/06/04-80004-012 150.00

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

SEQ.	OFFICERS AND DIRECTORS
TITLE	D
NAME	ALIBRANDI, NICOLE
STREET ADDRESS	3573 S.W. 173RD TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	D
NAME	ALIBRANDI, LUIS ANDRES
STREET ADDRESS	3573 S.W. 173RD TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	D
NAME	ALIBRANDI, ALBERTO
STREET ADDRESS	3573 S.W. 173RD TERRACE
CITY-ST-ZIP	MIRAMAR, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 7/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

PHONE (305) 445-8280

FAX (305) 445-8284