2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

| | ANNUAL | EPORI (AF | <u> </u> | | · · · · · FILI | ED | | |
|---|---|---------------------------------------|-------------------------------|--|---|------------------------------|----------------------------|--|
| DOCUMENT # P01000094722 1. Entity Name | | | | | Feb 09, 2004 08:00 AM Secretary of State | | | |
| TANGO BAR PLACE, INC. | | | | | Secretary | / oi Sta | ıe | |
| Principal Place of Business Mailing Address | | | | | | | | |
| 1902 HOLLYWOOD BLVD | | 1902 HOLLYWOOD BLVD | | | | | | |
| HOLLYWOO | DD FL 33020 | HOLLYWOOD FL 33020 | | | | (Bill where swarm status (I) | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | MOORE CR2E034 (11/03) | | | |
| City & State | | City & State | | | 4. FEI Number 65-1141048 | | plied For of Applicable | |
| Z _i p | Country | Zıp | Country | | 5. Certificate of Status Desired | \$8.75 Add Fee Required | | |
| | 6. Name and Address of Currer | t Registered Agent | Name | _ | 7. Name and Address of New Registere | d Agent | 74 <u> </u> | |
| Name OUIDOCA CUICANIA I | | | | | | | | |
| QUIROGA, SUSANA J 1902 HOLLYWOOD BLVD HOLLYWOOD FL 33020 | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | _F | Zip Code | e | |
| 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 above named critisy submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am tamiliar with, and accept the obligations of registered agent. | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agont and little I applicable (NOTE Registered Agent) signature required when revisitating). | | | | | | | | |
| | ILE NOW!!! FEE IS \$150.00 | | | | 9. Election Campaign Financing | \$5.0 | O May Be | |
| | r May 1, 2004 Fee will be \$550.00 c Payable to Florida Department | | | | Trust Fund Contribution. | | to Fees | |
| 10. OFFICERS AND DIRECTORS 11. | | | | - | ADDITIONS/CHANGES TO OFFICERS A | NO DIDECTOR | 7 Jaji 4 4 | |
| TITLE | PSTD | Delete | TITLE | 1 | ADDITIONAL CHANGES TO OFFICERS A | ☐ Change | Addition | |
| NAME | QUIROGA, SUSANA J | Ca percia | NAME | | HOOODOO DE C | | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| 12. I hereby o | certify that the information supplied wi | th this filing does not qualify fo | or the exemption st | ated in Sec | ction 119.07(3)(i), Florida Statutes. I further | certify that the ir | nformation | |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Forida 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 composition 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. | | | | | | | | |

4/2004 -1(94) 920-4400