FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000111621

1. Entity Name
TENDER MANAGEMENT INC

Principal Place of Business	Mailing Address
1309 S POWERLINE RD POMPANO BEACH, FL 33069 US	6430 W 24TH CT HIALEAH, FL 33016 US

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0805824
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EMILIANI, JAIRO
6430 W 24TH CT
HIALEAH, FL 33016

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00**

U00000154420
05/04/04-80166-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FUEGUEL, NORBERTO
STREET ADDRESS	3743 OAKRIDGE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	VP
NAME	FUEGUEL, ROSALINDA
STREET ADDRESS	3743 OAKRIDGE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 alternate name, with all other like empowered.

SIGNATURE: _____ 04/30/04 954 977 6945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #