

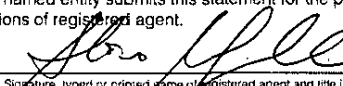
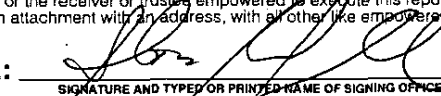


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90050 034 ***150.00

DOCUMENT # P03000003904 1. Entity Name EL MILONGUERO TANGO MAGAZINE, INC.					
Principal Place of Business 100 LINCOLN ROAD #1029 MIAMI BEACH, FL 33139			Mailing Address 100 LINCOLN ROAD #1029 MIAMI BEACH, FL 33139		
2. Principal Place of Business 800 PARKVIEW DR #429 Suite, Apt. #, etc. WALWADALE, FL 33009 City & State		3. Mailing Address 800 PARKVIEW DR #429 Suite, Apt. #, etc. WALWADALE, FL 33009 City & State			
Zip 33009 Country USA		Zip 33009 Country USA		01132004 Chg-P CR2E034 (10/03) 4. FEI Number 22-3893413 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MASFORROLL, ALICIA L 100 LINCOLN ROAD #1029 MIAMI BEACH, FL 33139	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800 PARKVIEW DR APT 429 City WALWADALE FL Zip Code 33009				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 01/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE PD NAME MASFORROLL, ALICIA L STREET ADDRESS 100 LINCOLN ROAD #1029 CITY-ST-ZIP MIAMI BEACH, FL 33139		TITLE SD NAME REPUN, PABLO J STREET ADDRESS 100 LINCOLN ROAD #1029 CITY-ST-ZIP MIAMI BEACH, FL 33139		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 800 PARKVIEW DR #429 STREET ADDRESS WALWADALE, FL 33009 CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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 empowers.					
SIGNATURE: 				01/11/04 954 454 7542 <small>Date Daytime Phone #</small>	