

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90185 040 \*\*\*150.00

DOCUMENT # P03000018023

1. Entity Name

TEMPO DESIGNS INC.



Principal Place of Business

2261 NE 164 STREET  
NORTH MIAMI BEACH FL 33160

Mailing Address

2261 NE 164 STREET  
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business

Tempo Designs Inc.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2261 NE 164 Street

Suite, Apt. #, etc.

City & State

City & State

North Miami Beach,

City & State

Zip

Zip

33160

Country

Florida.

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

30-0151387

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOBON, SANTIAGO  
2261 NE 164 STREET  
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May  
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE: DPS ☐ Delete  
NAME: TOBON, SANTIAGO  
STREET ADDRESS: 2261 NE 164 STREET  
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160

TITLE: DVT ☐ Delete  
NAME: PEREZ, JOSE L  
STREET ADDRESS: 2261 NE 164 STREET  
CITY-ST-ZIP: NORTH MIAMI BEACH FL 33160

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Add  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Add  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this 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 have been elected to that position, and that I am filing this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or c

SIGNATURE

*SANTIAGO TOBON*

04/17/06 (305) 4056174

Date

Daytime Phone #