2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000022748

Entity Name: PAPA TANGO, INC.

FILED Jan 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

189 EL CAPITAN DR 411 WALNUT STREET-PMB 2545 ISLAMORADA, FL 33036 GREEN COVE SPRINGS, FL 32043

Current Mailing Address: New Mailing Address:

189 EL CAPITAN DR 411 WALNUT STREET-PMB 2545 ISLAMORADA, FL 33036 GREEN COVE SPRINGS, FL 32043

FEI Number: 43-2000298 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOILEAU, DEBRA M TOMLINSON, JOHN L 500 NW 62ND STREET 189 EL CÁPITAN DR ISLAMORADA, FL 33036 SUITE 455 FORT LAUDERDALE, FL 33309

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.

SIGNATURE: JOHN L. TOMLINSON 01/08/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete BOILEAU, DEBRA M Name:

189 EL CAPITAN DR Address: City-St-Zip: ISLAMORADA, FL 33036

Title: () Delete Name: BOILEAU, RICHARD H 189 EL CAPITAN DR Address:

ISLAMORADA, FL 33036 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

BOILEAU, RICHARD H Name:

411 WALNUT STREET-PMB 2545 Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DVST (X) Change () Addition

Name: BOILEAU, DEBRA M

411 WALNUT STREET-PMB 2545 Address: GREEN COVE SPRINGS, FL 32043 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA M. BOILEAU **DVST** 01/08/2004