

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90180 022 ***150.00

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|---|--|---------------------------------|---|--|--|
| DOCUMENT # P03000024700 1. Entity Name TANGOI, C.A. USA CORP. | | | |  | |
| Principal Place of Business 499 E PALMETTO PK RD STE 207 BOCA RATON, FL 33432 | | | Mailing Address 499 E PALMETTO PK RD STE 207 BOCA RATON, FL 33432 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3767991 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent TRONCONE, MONIQUE CPA 499 E PALMETTO PK RD STE 207 BOCA RATON, FL 33432 | | | | 7. Name and Address of New Registered Agent Name Ariany C. Brodmann Street Address (P.O. Box Number is Not Acceptable) 3853 NW 1st Drive City Deerfield Beach FL Zip Code 33441 | |
| 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 <u><i>Ariany C. Brodmann</i></u> DATE <u>02/11/05</u> <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, 2005 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TANZI MORELLI, DOMENICO PASEO CARONA-CC GEAN SABANA PISO 2 STE 95 PUERTO-ORDAZ, VENEZUELA, | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GOLTIA PARRA, DOMINGO A PASEO CARONA-CC GEAN SABANA PISO 2 STE 95 PUERTO-ORDAZ, VENEZUELA, | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BRODMANN, ARIANY C 3853 NW 1ST DR DEERFIELD BEACH, FL 33442 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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 empowered. | | | | | |
| SIGNATURE: <u><i>Ariany C. Brodmann</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>02/11/05</u> (954) 421-7509 <small>Date Daytime Phone #</small> | | |

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