

FILED
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Secretary of State

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5/3/21

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000077726			
1. Entity Name TANGOBELLA, INC.			
Principal Place of Business 3800 S TAMiami TRAIL SARASOTA, FL 34239		Mailing Address 3800 S TAMiami TRAIL SARASOTA, FL 34239	
2. Principal Place of Business		3. Mailing Address 681 TROPICAL CIR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SARASOTA FL	
Zip	Country	Zip	Country
34239		34242	
4. FEI Number 83-0363894		Applied For Not Applicable	
5. Certificate of Status Desired ☐		88.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERCLIDES, HERMES ESQ. 2030 BEE RIDGE RD SARASOTA, FL 34239		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.		DATE (NOTE: Registered Agent signature required when removing)	
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: NANCIA A. YARTER		Date: 4/30/04 (41) 954-3233	