

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90058 036 ***150.00

DOCUMENT # P03000079887	
1. Entity Name TANGO SOFTWARE CORP.	



Principal Place of Business 520 BRICKELL KEY DR., SUITE 0-3-5 MIAMI, FL 33131	Mailing Address 520 BRICKELL KEY DR., SUITE 0-3-5 MIAMI, FL 33131
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2. Principal Place of Business 9153 HOLT TERRACE	3. Mailing Address 9153 HOLT TERRACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ENGLEWOOD	City & State ENGLEWOOD
Zip 34224	Country
Zip 34224	Country



02262004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0802448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TRANSGLOBAL CORPORATE ADMINISTRATION, INC. 520 BRICKELL KEY DR., SUITE 0-3-5 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name EDUARDO MARIN-GOMEZ Street Address (P.O. Box Number is Not Acceptable) 9153 HOLT TERRACE City ENGLEWOOD FL Zip Code 34224
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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]* DATE 03/04/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, EDUARDO M 520 BRICKELL KEY DR., SUITE 0-3-5 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARIN-GOMEZ, EDUARDO 9153 HOLT TERRACE ENGLEWOOD, FL. 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, MARIA JOSE A 520 BRICKELL KEY DR., SUITE 0-3-5 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALCAZAR-HERNANDEZ, MARIA J. 9153 HOLT TERRACE ENGLEWOOD, FL. 34224 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE 03/04/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR