

**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 Mailing Address  
**520 BRICKELL KEY DR., SUITE 0-3-5 MIAMI, FL 33131**      **520 BRICKELL KEY DR., SUITE 0-3-5 MIAMI, FL 33131**

**24017915**

2. Principal Place of Business 3. Mailing Address  
**9153 HOLT TERRACE**      **9153 HOLT TERRACE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



02262004 Chg-P CR2E034 (10/03)

City & State City & State  
**ENGLEWOOD**      **ENGLEWOOD**  
 Zip Country Zip Country  
**34224**      **34224**

4. FEI Number **01-0802448** Applied For Not Applicable

5. Certificate of Status Desired  \$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**

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) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, EDUARDO M	
STREET ADDRESS	520 BRICKELL KEY DR., SUITE 0-3-5	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MARIA JOSE A	
STREET ADDRESS	520 BRICKELL KEY DR., SUITE 0-3-5	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIN-GOMEZ, EDUARDO	
STREET ADDRESS	9153 HOLT TERRACE	
CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCAZAR-HERNANDEZ, MARIA J.	
STREET ADDRESS	9153 HOLT TERRACE	
CITY-ST-ZIP	ENGLEWOOD, FL. 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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 **03/04/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #