

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080518

Entity Name: TENGOIDEAS CORP

FILED  
Jul 15, 2004  
Secretary of State

**Current Principal Place of Business:**

520 SE 5 AVE #3601  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

520 SE 5 AVE #3601  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 56-2376990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERRERA, FELIPE  
520 SE 5 AVE #3601  
FT LAUDERDALE, FL 33301

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HERRERA, FELIPE  
Address: 520 SE 5 AVE #3601  
City-St-Zip: FT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HERRERA, FELIPE  
Address: 520 SE 5 AVE #3601  
City-St-Zip: FT LAUDERDALE, FL 33301

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: FELIPE HERRERA

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07/15/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date