
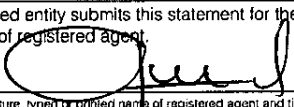
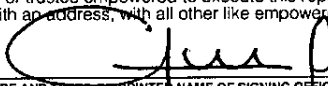


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90004 004 \*\*\*150.00

<b>DOCUMENT # P03000090454</b>					
1. Entity Name <b>TENERE USA CORP</b>					
Principal Place of Business <b>141 NE 3RD AVENUE SUITE #406 MIAMI, FL 33132</b>			Mailing Address <b>141 NE 3RD AVENUE SUITE #406 MIAMI, FL 33132</b>		
2. Principal Place of Business <b>1508 BAY RD</b>		3. Mailing Address <b>1508 BAY RD.</b>			
Suite, Apt. #, etc. <b>1237</b>		Suite, Apt. #, etc. <b>1237</b>			
City & State <b>MIAMI BEACH FLORIDA</b>		City & State <b>MIAMI BEACH FLORIDA</b>			
Zip <b>33139</b>	Country <b>USA</b>	Zip <b>33139</b>	Country <b>USA</b>		
6. Name and Address of Current Registered Agent <b>STELLA, GUSTAVO 1508 BAY RD APT 561 MIAMI BEACH, FL 33139</b>			7. Name and Address of New Registered Agent Name <b>STELLA GUSTAVO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1508 BAY RD APT 1237</b> City <b>MIAMI BEACH, FL</b> FL Zip Code <b>33139</b>		
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  DATE <b>08-03-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STELLA, GUSTAVO 1508 BAY RD APT 561 MIAMI BEACH, FL 33139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STELLA GUSTAVO 1508 BAY RD APT 1237 MIAMI BEACH, FL 33139</b> <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		
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		
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		
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		
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: 		DATE <b>08-03-04</b> 305-244-9296 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

**24079497**



08042004 Chg-P CR2E034 (10/03)

4. FEI Number **161683104** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required