2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 02, 2005 8:00 am Secretary of State **DOCUMENT # P04000007179** 05-02-2005 90386 040 ***150.00 TEMPO USA, INC. Principal Place of Business Mailing Address -014392 2514 HAUOLVER BLVD 2514 HAUOLVER BLVD DELTONA, FL 32738 DELTONA, FL 32738 3. Mailing Address 2514 HAULOVER BLVd. Suite. Apt. #. etc. 2. Principal Place of Business 2514 HAULOVER Bluil. Suite, Apt. #, etc. 03042005 CR2E034 (10/03) City & State Sity & State DELTONA 4. FEI Number Applied For DE ITONA 57-1197765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VALDERRAMA, CARLOS 2429 ALBURY AVE. Street Address (P.O. Box Number is Not Acceptable) DELTONA, FL 32738 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, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT Deleta TITLE ☐ Change Addition HAYDEE VALDERRAMA NAME NAME STREET ADDRESS STREET ADDRESS 25/4 HAULOVER BLUD CITY-ST-ZIP CITY-ST-ZIP PELTUNA, FL 32738 TITLE VICE PRÉSIDENT ☐ Detete TITLE ☐ Change Addition CARIOS VALDERZAMA 3439 ALBURY AVE. DELTONA EL 32738 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP ☐ Delete ☐ Change ☐ Addition NAME MALIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; 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. 4-25-05

FILED

Daytime Phone #