

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012014

Entity Name: TENCOM, CORP.

FILED  
Mar 06, 2007  
Secretary of State

## Current Principal Place of Business:

ONE SOUTH PINE ISLAND ROAD #413  
PLANTATION, FL 33324

## New Principal Place of Business:

16293 NW 8 DRIVE  
PEMBROKE PINES, FL 33028

## Current Mailing Address:

ONE SOUTH PINE ISLAND ROAD #413  
PLANTATION, FL 33324

## New Mailing Address:

16293 NW 8 DRIVE  
PEMBROKE PINES, FL 33028

FEI Number: 59-3780575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUINTERO, ANDRES F  
ONE SOUTH PINE ISLAND ROAD #413  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

QUINTERO, ANDRES F  
16293 NW 8 DRIVE  
PEMBROKE PINES, FL 33028 US

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: ANDRES F. QUINTERO

03/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete  
Name: QUINTERO, ANDRES F  
Address: ONE SOUTH PINE ISLAND ROAD #413  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition  
Name: QUINTERO, ANDRES F  
Address: 16293 NW 8 DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: GM ( ) Change (X) Addition  
Name: MARTHA, RAMIREZ  
Address: 16293 NW 8 DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANDRES F. QUINTERO

PTS

03/06/2007

Electronic Signature of Signing Officer or Director

Date