


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000017993
 1. Entity Name
 TENGA BUEN CREDITO, INC.



Principal Place of Business Mailing Address
 7500 NW 25 STREET 7500 NW 25 STREET
 SUITE 220 SUITE 220
 MIAMI, FL 33122 MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 71-0959927 Not Applicable

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

6. Name and Address of Current Registered Agent
 GONZALEZ, HUMBERTO
 7500 NW 25 STREET
 SUITE 220
 MIAMI, FL, FL 33122

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, HUMBERTO 7500 NW 25 STREET, SUITE 220 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SANTIAGO, MAGDA 7500 NW 25 STREET, SUITE 220 MIAMI, FL 33122
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 05/04/05-80023-016 158.75

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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: Humberto Gonzalez 04/28/05 305-406-2323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #