

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147527

Entity Name: CONTEMPO-SPHERE, INC

FILED
Apr 06, 2008
Secretary of State

Current Principal Place of Business:

340 MONTCLAIRE DR.
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

340 MONTCLAIRE DR.
WESTON, FL 33326

New Mailing Address:

FEI Number: 32-0162347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLNIEWITZ, RODOLFO
340 MONTCLAIRE DR
WESTON, FL 33326 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOLNIEWITZ, RODOLFO
Address: 340 MONTCLAIRE DR
City-St-Zip: WESTON, FL 33326

Title: VP () Delete
Name: PELAYO, JOSE
Address: 1231 NE 88 STREET
City-St-Zip: MIAMI, FL 33138

Title: T () Delete
Name: WOLNIEWITZ, DORIS
Address: 340 MONTCLAIRE DR
City-St-Zip: WESTON, FL 33326

Title: S () Delete
Name: PURTEE, MARINA
Address: 1231 NE 88 STREET
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RODOLFO WOLNIEWITZ

P

04/06/2008

Electronic Signature of Signing Officer or Director

_____ Date