


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90054 036 ***150.00

DOCUMENT # P99000042545

1. Entity Name
CONTEMPO INTERNATIONAL, INC.



Principal Place of Business
17207 W DIXIE HWY #114
NORTH MIAMI BEACH, FL 33160

Mailing Address
247 NE 107TH ST
MIAMI, FL 33161

2. Principal Place of Business
17027 W DIXIE HWY.

3. Mailing Address
1

Suite, Apt. #, etc.
114

City & State
NORTH MIAMI BEACH, FL

City & State
MIAMI, FL

Zip
33160

Country
USA



01072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0925778

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

6. Name and Address of Current Registered Agent
MORAITIS, GEORGE
16919 N.W. 57TH AVE.
MIAMI, FL 33055

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAN ADAMS, ELONA C 247 NE 107TH STREET MIAMI, FL 33361	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTROMORAN ADAMS, ELENA 247 NE 107TH ST. MIAMI, FL 33161
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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: Elena Castro Moran Adams 1-16-04 305-945-9588
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #