

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042545

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** CONTEMPO INTERNATIONAL, INC.

**Current Principal Place of Business:**

17027 W DIXIE HWY  
#114  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

17027 W DIXIE HWY  
#119  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

247 NE 107TH ST  
MIAMI, FL 33161

**New Mailing Address:**

17027 W DIXIE HWY  
#119  
NORTH MIAMI BEACH, FL 33160

**FEI Number:** 65-0925778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORAITIS, GEORGE  
16919 N.W. 57TH AVE.  
MIAMI, FL 33055 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: CASTROMORAN ADAMS, ELENA  
Address: 247 NE 107TH STREET  
City-St-Zip: MIAMI, FL 33361

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CASTROMORAN ADAMS ELENA

P

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date