


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90050 034 ***150.00

DOCUMENT # P03000003904

1. Entity Name
EL MILONGUERO TANGO MAGAZINE, INC.



Principal Place of Business
100 LINCOLN ROAD #1029
MIAMI BEACH, FL 33139

Mailing Address
100 LINCOLN ROAD #1029
MIAMI BEACH, FL 33139

2. Principal Place of Business
800 PARKVIEW DR #429
 Suite, Apt. #, etc.
HALLANDALE, FL 33009
 City & State

3. Mailing Address
800 PARKVIEW DR #429
 Suite, Apt. #, etc.
HALLANDALE, FL 33009
 City & State



01132004 Chg-P CR2E034 (10/03)

Zip **33009** Country **USA** Zip **33009** Country **USA**

4. FEI Number
22-3893413

Applied For
 Not Applicable

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

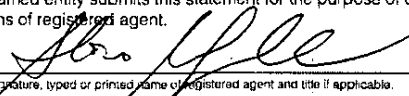
6. Name and Address of Current Registered Agent

MASFORROLL, ALICIA L
100 LINCOLN ROAD #1029
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
800 PARKVIEW DR apt 429
 City **HALLANDALE** **FL** Zip Code **33009**

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: **01/11/04**

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

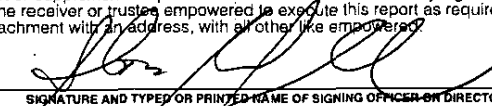
FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	PD <input type="checkbox"/> Delete MASFORROLL, ALICIA L 100 LINCOLN ROAD #1029 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete REPUN, PABLO J 100 LINCOLN ROAD #1029 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 PARKVIEW DR #429 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 800 PARKVIEW, DR #429 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 empowers.

SIGNATURE:  DATE: **01/11/04** Daytime Phone #: **954 454 7542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR