


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 001042					
1. Entity Name CENTRO ESPANOL DE TAMPA, INC.					
Principal Place of Business 3005 W. COLUMBUS DRIVE TAMPA FL 33607		Mailing Address P.O. BOX 153095 TAMPA FL 33684			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0189990	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, CARMEN C 3005 W COLUMBUS DR TAMPA FL 33607			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALFONSO, DENNIS		NAME		
STREET ADDRESS	3005 W. COLUMBUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVEIRO, PASTORA		NAME	00000288894	
STREET ADDRESS	3005 W. COLUMBUS DRIVE		STREET ADDRESS	04/04/05-80038-022 61.25	
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUAN, FRANK		NAME		
STREET ADDRESS	3005 W. COLUMBUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE LA PARTE, ED		NAME		
STREET ADDRESS	3005 W. COLUMBUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAMARGO, JORGE		NAME		
STREET ADDRESS	3005 W. COLUMBUS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 617, 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 (s) empowered.

SIGNATURE: *Carmen C. Diaz - General Manager - Carmen C. Diaz* 3/31/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #