


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90082 047 ****70.00

DOCUMENT # 711080
1. Entity Name
SPANISH LYRIC THEATRE, INC.



Principal Place of Business Mailing Address
**2819 SAFE HARBOR DR
TAMPA FL 33618
US** **2819 SAFE HARBOUR DR
TAMPA FL 33618
US**



2. Principal Place of Business 3. Mailing Address
2819 Safe Harbor DR. **2819 Safe Harbor DR.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

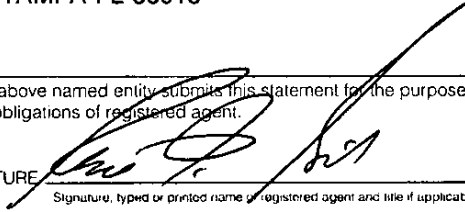
1st MOORE CR2E037 (10/05)

City & State City & State
Tampa, FL **Tampa, FL**
Zip Country Zip Country
33618 **USA** **33618** **USA**

4. FEI Number Applied For
23-7009336 Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GONZALEZ, RENE J
2819 SAFE HARBOR DR
TAMPA FL 33618**

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 **march 1, 2006**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> Delete
NAME	VINA, JOHN	
STREET ADDRESS	757 MAINSAIL DR	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	CD	<input type="checkbox"/> Delete
NAME	VIERA, DENNIS	
STREET ADDRESS	15011 REDCLIFF DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	GONZALEZ, ALICIA	
STREET ADDRESS	2922 W WEITER ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, WILLIAM	
STREET ADDRESS	17822 PINE KNOLL DR	
CITY-ST-ZIP	DADE CITY FL 33523	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WADLEY, MARILYN	
STREET ADDRESS	6402 OLYMPIA AVE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SDR D	<input checked="" type="checkbox"/> Delete
NAME	MACKINNON, GWENDOLYN	
STREET ADDRESS	2543 W. MARYLAND AVE.	
CITY-ST-ZIP	TAMPA FL 33629	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SDR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly Stearns	
STREET ADDRESS	14713 Tall Tree Drive	
CITY-ST-ZIP	Lutz, FL 33549	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 like empowered.

SIGNATURE: *marilyn wadley* *marilyn wadley 3/1/06 (813) 884-5154*