2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # 713994 1. Entity Name CENTRO ASTURIANO DE TAMPA, INC.								05-	03-2004	90445 ()45 ****6	51.25	
Principal Place of Business Mailing Address TAMPA, FLORIDA 1913 NEBRASKA AVENUE 1913 NEBRASKA AVENUE TAMPA, FL 33602 TAMPA, FL 33602					IUE			18211 TREET				8 71 8 7811 8 7871 827	
2. Principal Place of Business 3. Mail			ing Address	_									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			043	302004	Chg	-NP	CR2E0	37 (10/03)	
City & State		Cit	City & State				E0 044046E				pplied For ot Applicable		
Žip		Country	Zip	,	Cou	ıntry	5. C	ertificate o	of Statu	s Desired	<u></u>	\$8.75 Ad	
	6. Name s	and Address of Curre	nt Registere	d Agent			7. N	ame and	Addres	ss of New F	Registered	Agent	
GARCIA, E	ELVIRA T RASKA AV	F				Name Street Add	dress (P.O. Bo	ox Numbe	r is Not	t Acceptabl	e)		
TAMPA, FI		_											
						City	 -			·	FL	Zip Cod	de
	named entity tions of registe	submits this statemen red agent.	t for the purp	ose of changing its	register	ed office or re	egistered age	ent, or bat	h, in the	State of Fl	orida. I am	familiar with	, and accept
	;												
SIGNATURE .													
•	Signature, typed o	r printed name of registered ag	ont and litle if app	licable. {NOT	E: Registere	d Agent signature	a required when rei	instating)			DATE		
	Filing Fee	is \$61.25	ent and title if app	9. Election Car Trust Fund (npaign F	inancing _	\$5.0	O May Bed to Fees	e		fake chec	k payable t	
10.	Filing Fee Due by Mi	is \$61.25		9. Election Car	npaign F	inancing	\$5.0 Added	00 May Be		Flo	fake chec rida Depa		tate
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

ELVIRA T. GARCIA

813-229-2214

Date

Daytime Phone #