

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90445 045 ****61.25

DOCUMENT # 713994 1. Entity Name CENTRO ASTURIANO DE TAMPA, INC.					
Principal Place of Business TAMPA, FLORIDA 1913 NEBRASKA AVENUE TAMPA, FL 33602			Mailing Address 1913 NEBRASKA AVENUE TAMPA, FL 33602		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0148165	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, ELVIRA T 1913 NEBRASKA AVE TAMPA, FL 33602				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, ELVIRA T 4805 MENDENHALL DR TAMPA, FL 33602 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIACCIO, EVA 3115 CHERRY ST. TAMPA, FL 33607 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANCO, MANUEL J 1402 N MATANZAS TAMPA, FL 33607 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIETO, ALBERT 4200 W BEACHWAY DR TAMPA, FL 33609 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ROLAND RODRIGUEZ 2512 W. FERN ST TAMPA, FL 33614 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, WILLIAM F 4805 MENDENHALL DR TAMPA, FL 33603 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Felipe Rosete 3112 Dewey St. Tampa, FL 33607 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, MARGARET 2024 W SITRA AVE TAMPA, FL 33604 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE: <u>Elvira T. Garcia</u> ELVIRA T. GARCIA 813-229-2214 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					