# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 713994

1. Entity Name
CENTRO ASTURIANO DE TAMPA, INC.

FILED
05 JUN -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06072005 Chg-NP CR2E037 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| TAMPA, FLORIDA<br>1913 NEBRASKA AVENUE<br>TAMPA, FL 33602 | 1913 NEBRASKA AVENUE<br>TAMPA, FL 33602 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0148165 ☐ Applied For ☐ Not Applicable

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

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

**Amended AR is $61.25**

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<br>GARCIA, ELVIRA T<br>4805 MENDENHALL DR<br>TAMPA, FL 33602 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900056606509<br>06/28/05--01029--010 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CIACCIO, EVA<br>3115 CHERRY ST.<br>TAMPA, FL 33607 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Eva M. Ciaccio |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>BLANCO, MANUEL J<br>1402 N MATANZAS<br>TAMPA, FL 33607 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900056606503<br>06/28/05--01029--011 **8.75 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>RODRIGUEZ, ROLAND<br>2512 W. FERN ST.<br>TAMPA, FL 33614 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ROSETE, FELIPE<br>3112 DEWEY ST.<br>TAMPA, FL 33607 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>P<br>Jose R. Oural<br>503 N. Excelda Ave.<br>Tampa, FL 33609-1621 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>GARCIA, MARGARET<br>2024 W SITRA AVE<br>TAMPA, FL 33604 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>Margaret H. Garcia |

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:** Elvira T. Garcia Elvira T. Garcia 6-7-05 (813) 229-2214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #