2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007
Secretary of State

DOCUMENT# 713994

Entity Name: CENTRO ASTURIANO DE TAMPA, INC.

Current Principal Place of Business:

TAMPA, FLORIDA
1913 NEBRASKA AVENUE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

1913 NEBRASKA AVENUE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-0148165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VANCE, KIM H
GRAY/ROBINSON - 201 N. FRANKLIN ST.
SUITE 2200
TAMPA, FL, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	ECHEZABAL, HENRY A SR.	
Address:	108 COUNTRY CLUB DR.	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	( ) Delete
Name:	CIACCIO, EVA M	
Address:	4821 SCOTT RD.	
City-St-Zip:	LUTZ, FL 33558	
Title:	VP	( ) Delete
Name:	BLANCO, MANUEL J	
Address:	2424 TAMPA BAY BLVD. L 206	
City-St-Zip:	TAMPA, FL 33607	
Title:	TD	( ) Delete
Name:	RODRIGUEZ, ROLAND	
Address:	3010 LAKE ELLEN LANE	
City-St-Zip:	TAMPA, FL 33618	
Title:	D	( ) Delete
Name:	OURAL, JOSE R	
Address:	503 N. EXCELDA AVE.	
City-St-Zip:	TAMPA, FL 336091621	
Title:	SD	( ) Delete
Name:	GARCIA, MARGARET H	
Address:	2024 W SITKA AVE	
City-St-Zip:	TAMPA, FL 33604	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY A. ECHEZABAL, SR. PRES 03/01/2007
Electronic Signature of Signing Officer or Director — Date