

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 15, 2008
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:**FUEYO, RICHARD K
TRENAM KEMKER
101 E. KENNEDY BLVD., SUITE 2700
TAMPA, FL, FL 33602 US

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: RICHARD K. FUEYO

04/15/2008

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:
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Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date