


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 26, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 722809</b> 1. Entity Name <b>CIRCULO CUBANO DE TAMPA, INC.</b>	
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Principal Place of Business <b>2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605</b>	Mailing Address <b>P O BOX 5625 TAMPA, FL 33675 US</b>
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02172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1093645</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>DIAZ, JORGE 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605</b>
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAZ, JORGE 2010 REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAVIN, RAUL 2010 REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORELY, ELAINE 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARIO JR 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGRO, JAMY 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOSAL, PAUL 2010 REPUBLICA DE CUBA TAMPA, FL 33605

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02/28/05-80008-016 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/18/05 813 248 2954**  
Date Daytime Phone #