
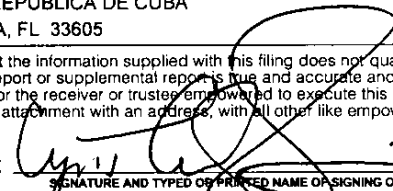


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

05-17-2007 90046 001 ***122.50

66015245

DOCUMENT # 722809 1. Entity Name CIRCULO CUBANO DE TAMPA, INC.					
Principal Place of Business 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605			Mailing Address 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-0193645	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, JORGE 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 14, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BERENGUER, JOSE 2010 REPUBLICA DE CUBA TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, GLADYS 2010 REPUBLICA DE CUBA TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDES, DEE 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, MARIO JR 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES, TONY 2010 AVENIDA REPUBLICA DE CUBA TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMPSON, CYNTHIA 2010 REPUBLICA DE CUBA TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 				Date 5-1-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 813-933-3943	

ValienteHernandez

P. A.


CERTIFIED PUBLIC
ACCOUNTANTS

AUDITORS AND
CONSULTANTS

ATTACHMENT

66015245

■ P.O. Box 10787 (32302-2787) ■ 850/ 513.9300
227 North Bronough Street 888/ 513.9300 Toll Free
Suite 1101
Tallahassee, Florida 32301-1329 850/ 513.9338 Fax
cpas@vhcpa.com

May 15, 2007

Florida Dept of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

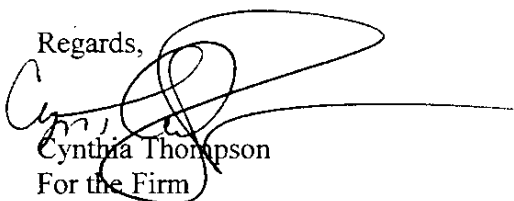
Re: Circulo Cubano de Tampa #722809
Cuban Club Foundation #N48798

Dear Sirs:

Attached, please find the Annual Report renewals for the above Not-For-Profit Corporations with a check for the year 2007. The check was mailed to our office and was lost or misplaced. We would like to apologize for the late filing, but are asking for your department to accept the payment for renewal without applying a penalty to our client.

Thank you in advance and if you have any questions, please feel free to call me at (813) 933-3943 ext. 273.

Regards,


Cynthia Thompson
For the Firm



■ Members:
Private Companies and SEC
Practice Sections of the AICPA

■ Members:
Florida Institute of CPAs

Offices located in: Tampa / Tallahassee