

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723743

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** LAS DAMAS DE ARTE, INC.

**Current Principal Place of Business:**

2933 W. COACHMAN AVE  
TAMPA, FL 33611 US

**New Principal Place of Business:**

10509 N. NEWPORT AVE  
TAMPA, FL 33612 US

**Current Mailing Address:**

P.O. BOX 13988  
TAMPA, FL 33681 US

**New Mailing Address:**

**FEI Number:** 59-3182355      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILVERMAN, SCOTT T  
201 EAST KENNEDY BOULEVARD  
SUITE 800  
TAMPA, 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: PRES  
Name: DEAMBROSE, MARTHA  
Address: 10509 N. NEWPORT AVE.  
City-St-Zip: TAMPA, FL 33612

Title: VP  
Name: MCEACHERN, IRA  
Address: 3401 PITTWOOD RD  
City-St-Zip: VALRICO, FL 33594

Title: TREA  
Name: BYRD, ALEXANDRA  
Address: 371 CHANNELSIDE WALKWAY #1004  
City-St-Zip: TAMPA, FL 33602

Title: RS  
Name: DOMINGUEZ, JENNIFER  
Address: 4611 LONGFELLOW  
City-St-Zip: TAMPA, FL 33629

Title: CS  
Name: REILLY, BROOKS N  
Address: 2822 WEST BAY AVENUE  
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: MARTHA DEAMBROSE

PRES

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date