

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N000000000041 1. Entity Name ERITRO-AMERICAN SOCIETY OF TAMPA BAY, INC.					
Principal Place of Business 1562 15TH STREET SOUTH ST. PETERSBURG FL 33705				Mailing Address 1562 15TH STREET SOUTH ST. PETERSBURG FL 33705	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 1st MOORE CR2E037 (10/05)	
4. FEI Number 59-3609078				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DESTA, TECLEAB T 1562 15TH STREET SOUTH ST. PETERSBURG FL 33705			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	PS DESTA, TECLEAB T 1562 15TH ST. S SAINT PETERSBURG FL 33705	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DENSIEW, NAIZGHI T 3920 W STATE ST TAMPA FL 33609	☐ Delete	U00000412095 02/10/06-80034-012 70.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ASGHODOM, MARCOS E 4602 N. JAMAICA ST TAMPA FL 33614	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUHUTZ, GHEBRIHWET 202 N. HABANA TAMPA FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ORAR, GHEBRESLASIE 3218 W. BEACH ST TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GHEBREMEDHIN, KIDISTI 3218 W BEACH ST TAMPA FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE *[Signature]*

1/25/2006.