2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004943

FILED Mar 04, 2004 Secretary of State

Entity Name: TAMPA BAY WOMEN IN INTERNATIONAL TRADE, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 2192 PO BOX 2415

TAMPA, FL 336012192 TAMPA, FL 336012415 US

Current Mailing Address: New Mailing Address:

PO BOX 2192 PO BOX 2415

TAMPA, FL 336012192 TAMPA, FL 336012415 US

FEI Number: 59-3482087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

AMARCHAND, MATILDE
WIT TREASURE

PO BOX 1259 TAMPA, FL 336012415 US TAMPA, 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.

PINA, OLGA PO BOX 2415

SIGNATURE: OLGA PINA 03/04/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

Name: RAFTER, LORI Name: MCCUISTON, VELMA
Address: 1101 CHANNELSIDE DRIVE Address: PO BOX 2415

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 336012415 US

Title: TD () Delete Title: VPD (X) Change () Addition

Name: AMARCHAND, MATILDE Name: CARSON, GERTRUDIS

Address: PO BOX 1259 Address: PO BOX 2415

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 TAMPA, FL 336012415 US

Title: SD () Delete Title: TD (X) Change () Addition Name: RODRIGUEZ, EILEEN Name: RODRIGUEZ, EILEEN

Address: 1101 CHANNELSIDE DRIVE Address: PO BOX 2415

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 336012415 US

Title: () Delete Title: SD () Change (X) Addition

 Name:
 Name:
 GOOD, KATHLEEN

 Address:
 Address:
 PO BOX 2415

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 336012415

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EILEEN RODRIGUEZ TD 03/04/2004