


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

FILED
Jun 28, 2005 8:00 am
Secretary of State

04-29-2005 90188 036 ****61.25

DOCUMENT # N97000004943					
1. Entity Name TAMPA BAY WOMEN IN INTERNATIONAL TRADE, INC.					
Principal Place of Business PO BOX 2415 TAMPA, FL 33601-2415 US		Mailing Address PO BOX 2415 TAMPA, FL 33601-2415 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3482087	
				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			7. Name and Address of New Registered Agent		
PINA, OLGA PO BOX 2415 TAMPA, FL 33601-2415			Name PINA, OLGA		
			Street Address (P.O. Box Number is Not Acceptable) 501 E. Kennedy Blvd.		
			Suite 1700		
			City Tampa		
			FL		
			Zip Code 33602		
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 _____					
Filing Fee is \$81.25 Due by May 1, 2005		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	PD MCCUISTON, VELMA PO BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA TORRE, TERESA P.O. BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARSON, GERTRUDIS PO BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURDICK, LISA P.O. BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, EILEEN PO BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLGA M. PINA P.O. BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOOD, KATHLEEN PO BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUSSEK, LORI P.O. BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEVIA, CHANTAL P.O. BOX 2415 TAMPA, FL 336012415	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOD, KATHLEEN P.O. BOX 2415 TAMPA, FL 336012415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Olga M. Pina</u>		4-28-05		(813) 222-1170	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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04282005 Chg-NP CR2E037 (10/03)