2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# 765802

Entity Name: COLOMBIAN VOLUNTEER LADIES OF TAMPA BAY, INC.

Current Principal Place of Business:

P.O. BOX 271671
TAMPA, FL 33688

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271671
TAMPA, FL 33688

New Mailing Address:

FEI Number: 59-2258515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BISCHOFF, LUZ M
9507 HAMLET LANE.
TAMPA, FL 33635

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:	DP	( ) Delete
Name:	BISCHOFF, LUZ M	
Address:	9507 HAMLET LANE	
City-St-Zip:	TAMPA, FL 33635	
Title:	VD	( ) Delete
Name:	BARRETO, BEATRIZ	
Address:	14503 NETTLE CREEK RD	
City-St-Zip:	TAMPA, FL 33624	
Title:	TD	( ) Delete
Name:	ECHEVERRI, HERNANDO	
Address:	6515 N. ARMENIA AVENUE	
City-St-Zip:	TAMPA, FL 33604	
Title:	TD	( ) Delete
Name:	PENA, CAROLINA	
Address:	4204 CARROLLWOOD VILLAGE CT	
City-St-Zip:	TAMPA, FL 33624	
Title:	SD	( ) Delete
Name:	BARRIENTOS, LUZ MARIA	
Address:	13604 SOUTH VILLAGE DR. APT.311	
City-St-Zip:	TAMPA, FL 33624	
Title:	SD	( ) Delete
Name:	ISAZA, SILVIA	
Address:	15217 ALEXIS DR	
City-St-Zip:	TAMPA, FL 33624	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LUZ M. BISCHOFF P 03/31/2004

Electronic Signature of Signing Officer or Director — Date