


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 285642</b> 1. Entity Name WEST TAMPA LATIN QUARTERS, INC.	
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Principal Place of Business PO BOX 15584 4701 W. COMMANCHE AVENUE TAMPA, FL 33614	Mailing Address PO BOX 15584 4701 W. COMMANCHE AVENUE TAMPA, FL 33614
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**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1112348	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ALESSI, TONY JR. 4701 W COMMANCHE AVE TAMPA, FL
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALESSI, ALFRED S. 4701 W. COMMANCHE AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALESSI, TONY, JR. 4701 W. COMMANCHE AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CACCIATORE, ANGELO 4701 W. COMMANCHE AVE. TAMPA, FL
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**DO NOT WRITE  
IN THIS SPACE**

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02/26/04-80056-019 150.00

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 607, 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:** \_\_\_\_\_ **2-24-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #