

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 285642**

1. Entity Name  
WEST TAMPA LATIN QUARTERS, INC.



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



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1112348

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ALESSI, TONY JR.  
4701 W COMMANCHE AVE  
TAMPA, FL

**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 re-listing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ALESSI, ALFRED S.  
STREET ADDRESS 4701 W. COMMANCHE AVE.  
CITY-ST-ZIP TAMPA, FL

TITLE P  
NAME ALESSI, TONY, JR.  
STREET ADDRESS 4701 W. COMMANCHE AVE.  
CITY-ST-ZIP TAMPA, FL

TITLE D  
NAME CACCIATORE, ANGELO  
STREET ADDRESS 4701 W. COMMANCHE AVE.  
CITY-ST-ZIP TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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03/08/05-80040-017 150.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #