

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 285642</b>	
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



01172008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1112348	Applied For Not Applicable
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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 reinstating)

0000000047832

06/02/08-80030-022 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

**SIGN HERE**