

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704469

Entity Name: BOLESTA CENTER, INC.

FILED  
Jul 21, 2004  
Secretary of State

**Current Principal Place of Business:**

7205 N HABANA AVE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

7205 N HABANA AVE  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 59-6153343

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHIFINO, JOHN  
128 BOSPHOROUS AVE  
TAMPA, FL 33606 US

**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: PD ( ) Delete  
Name: ALVAREZ, SUZANNE  
Address: 2890 ALTON DRIVE  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: VPD ( ) Delete  
Name: MARTINO, LEE  
Address: 1087 MARCO DR NE  
City-St-Zip: ST PETERSBURG, FL 33702

Title: SD ( ) Delete  
Name: BUSH, CATHY  
Address: 12936 74TH AVE. NORTH  
City-St-Zip: SEMINOLE, FL 33776

Title: TD ( ) Delete  
Name: GONZALEZ, RAY  
Address: 2404 WEST BRISTOL AVE.  
City-St-Zip: TAMPA, FL 33609

**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:

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: SUZANNE ALVAREZ

PD

07/21/2004

Electronic Signature of Signing Officer or Director

Date