2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# 704469

Entity Name: BOLESTA CENTER, INC.

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: SD (X) Change ( ) Addition
Name: MOORE, THOMAS
Address: 10733 TAVISTOCK DR
City-St-Zip: TAMPA, FL 33626

Title: TD (X) Change ( ) Addition
Name: BOHACEK, ERIN
Address: 1804 RICHARDSON PLACE
City-St-Zip: TAMPA, FL 33606

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: PAMELA SULLINS ED 01/21/2005

Electronic Signature of Signing Officer or Director — Date