

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713994

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: CENTRO ASTURIANO DE TAMPA, INC.

**Current Principal Place of Business:**

TAMPA, FLORIDA  
1913 NEBRASKA AVENUE  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

TAMPA, FLORIDA  
1913 NEBRASKA AVENUE  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 59-0148165      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FUEYO, RICHARD K  
TRENAM KEMKER  
101 E. KENNEDY BLVD., SUITE 2700  
TAMPA, FL 33602 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: PRES  
Name: OURAL, JOSE R  
Address: 503 N. EXCELDA AVE.  
City-St-Zip: TAMPA, FL 33609

Title: D  
Name: CIACCIO, EVA M  
Address: 4821 SCOTT RD.  
City-St-Zip: LUTZ, FL 33558

Title: VP  
Name: BLANCO, MANUEL J  
Address: 2110 SILOAM SPRINGS  
City-St-Zip: DOVER, FL 33527

Title: TD  
Name: RODRIGUEZ, ROLAND  
Address: 3010 LAKE ELLEN LANE  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: GARCIA, EDDIE  
Address: 3939 VENTIAN WAY  
City-St-Zip: TAMPA, FL 33634

Title: SD  
Name: LA FUENTE, RUSSELL D  
Address: 4809 N. RIVERSHORE DR.  
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: JOSE R. OURAL

PRES

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date