

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713994

FILED
Jan 05, 2012
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: CABALLERO, MICHAEL J
Address: 7913 PAT BLVD
City-St-Zip: TAMPA, FL 33615

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

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date