


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 722809
1. Entity Name
CIRCULO CUBANO DE TAMPA, INC.



Principal Place of Business Mailing Address
2010 AVENIDA REPUBLICA DE CUBA P O BOX 5625
TAMPA, FL 33605 TAMPA, FL 33675 US

DO NOT WRITE IN THIS SPACE



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-1093645 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JORGE
2010 AVENIDA REPUBLICA DE CUBA
TAMPA, FL 33605

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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] PROSIDANT DATE: 3/4/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000091661
03/08/04-80158-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIAZ, JORGE
STREET ADDRESS	2010 REPUBLICA DE CUBA
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	LAVIN, RAUL
STREET ADDRESS	2010 REPUBLICA DE CUBA
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	MORELY, ELAINE
STREET ADDRESS	2010 AVENIDA REPUBLICA DE CUBA
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	GONZALEZ, MARIO JR
STREET ADDRESS	2010 AVENIDA REPUBLICA DE CUBA
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	D
NAME	MAGRO, JAMY
STREET ADDRESS	2010 AVENIDA REPUBLICA DE CUBA
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	V
NAME	DOSAL, PAUL
STREET ADDRESS	2010 REPUBLICA DE CUBA
CITY-ST-ZIP	TAMPA, FL 33605

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] PROSIDANT DATE: 3/4/04 DAYTIME PHONE: 813 248 2954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR