

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748610

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: TAMPA HISPANIC HERITAGE, INC.

**Current Principal Place of Business:**

P. O. BOX 21152  
TAMPA, FL 336221151

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 21152  
TAMPA, FL 336221151

**New Mailing Address:**

FEI Number: 59-1968134

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUINTELA, ROSA  
13902 N DALE MABRY HWY  
118  
TAMPA, FL 33618 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: D ( ) Delete  
Name: LUZ, LONO  
Address: 1411 PROVINCE TOWN CR  
City-St-Zip: LUTZ, FL 33549

Title: PD ( ) Delete  
Name: OWENS, MARIA T  
Address: 19307 GARDEN QUILT DR  
City-St-Zip: LUTZ, FL 33558

Title: TD ( ) Delete  
Name: QUINTELA, ROSA  
Address: 13902 N DALE MABRY HWY STE 118  
City-St-Zip: TAMPA, FL 33618

Title: VPD ( ) Delete  
Name: ALMEIDA, DIANA  
Address: 4207 S DALE MABRY HWY #9110  
City-St-Zip: TAMPA, FL 33611

Title: SD ( ) Delete  
Name: NATI, AMALIA B  
Address: 18520 BITTERN AVE  
City-St-Zip: LUTZ, FL 33588

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROSA QUINTELA

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date