


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J86908**  
 1. Entity Name  
 THE CORNER OF TAMPA, INC.



Principal Place of Business      Mailing Address  
 4130 W. WATERS AVE.      4130 W. WATERS AVE.  
 TAMPA, FL 33614 US      TAMPA, FL 33614 US

**DO NOT WRITE IN THIS SPACE**



01302005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-2859739      Not Applicable

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

6. Name and Address of Current Registered Agent  
 VALDES, DELIA  
 8003 N. ROME AVE.  
 TAMPA, FL 33614

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VALDES, SANDRA 8003 N. ROME AVE. TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VALDES, DELIA 8003 NORTH ROME AVENUE TAMPA, FL 33604
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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 607, 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: *Sandra Valdes*      Date: 2-2-05      Daytime Phone #: 813-990-8555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR