


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # J86908**

1. Entity Name  
 THE CORNER OF TAMPA, INC.



Principal Place of Business 4130 W. WATERS AVE. TAMPA, FL 33614 US	Mailing Address 4130 W. WATERS AVE. TAMPA, FL 33614 US
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**DO NOT WRITE IN THIS SPACE**



01072006 No Chg-P CR2E034 (11/06)

4. FEI Number 59-2859739	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES, DELIA  
 8003 N. ROME AVE.  
 TAMPA, FL 33814

**DO NOT WRITE IN THIS SPACE**

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: *Delia Valdes* DATE: 1-7-06

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

**FILE NOW!!! FEE IS \$180.00**  
**After May 1, 2006 Fee will be \$550.00**

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

1000000381702  
 01/11/06-80064-025 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Delia Valdes* Date: 1-7-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR