

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000260

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: TALLER DEL MAESTRO INC.

## Current Principal Place of Business:

TAMPA FIRST SEVEN DAY ADVENTIST CHURCH  
822 W. LINBAUGH AVE  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 342172  
TAMPA, FL 33694

## New Mailing Address:

FEI Number: 36-4499541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROSAS, JOSE A  
5009 PARKHILL PL  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

ROSAS, JOSE A  
6023 BLUE SAGE DR  
LAND O' LAKES, FL 34639 US

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: JOSE A. ROSAS

04/13/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROSAS, JOSE A  
Address: 5009 PARK HILL PL  
City-St-Zip: TAMPA, FL 33624

Title: P ( ) Delete  
Name: ROSAS, BELINDA  
Address: 5009 PARKHILL PL  
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete  
Name: FUENTAS, MARGARET  
Address: 3207 N. OIA AVE  
City-St-Zip: TAMPA, FL 33603

Title: S ( ) Delete  
Name: ROSAS, MARISOL  
Address: 1915 TINKER DRIVE  
City-St-Zip: LUTZ, FL 33559

Title: D ( ) Delete  
Name: ROSAS, SANTA  
Address: 3207 N. OLA AVE  
City-St-Zip: TAMPA, FL 33603

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ROSAS, JOSE A  
Address: 6023 BLUE SAGE DR  
City-St-Zip: LAND O' LAKES, FL 34639

Title: P (X) Change ( ) Addition  
Name: ROSAS, BELINDA  
Address: 6023 BLUE SAGE DR  
City-St-Zip: LAND O' LAKES, FL 34639

Title: T (X) Change ( ) Addition  
Name: FUENTAS, MARGARET  
Address: 3207 N. OLA AVE  
City-St-Zip: TAMPA, FL 33603

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 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: JOSE A. ROSAS

REV.

04/13/2007

Electronic Signature of Signing Officer or Director

Date