## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000260

Entity Name: TALLER DEL MAESTRO INC.

FILED Mar 31, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

TAMPA FIRST SEVEN DAY ADVENTIST CHURCH 822 W. LINBAUGH AVE

TAMPA, FL 33612

LA PESCA MILAGROSA INC. 15901 W. LAKE BURRELL DR.

LUTZ., FL 33549

Current Mailing Address: New Mailing Address:

PO BOX 342172 TAMPA, FL 33694

FEI Number: 36-4499541 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ROSAS, JOSE A ROSAS, JOSE A 6023 BLUE SAGE DR 5800 JUSTICIA LOOP

LAND O' LAKES, FL 34639 US 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: 03/31/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 ROSAS, JOSE A
 Name:
 ROSAS, JOSE A

 Address:
 6023 BLUE SAGE DR
 Address:
 5800 JUSTICIA LOOP

 City-St-Zip:
 LAND O' LAKES, FL 34639
 City-St-Zip:
 LAND O' LAKES, FL 34639

Title: P ( ) Delete Title: PW (X) Change ( ) Addition Name: ROSAS, BELINDA Name: ROSAS, BELINDA

 Address:
 6023 BLUE SAGE DR
 Address:
 5800 JUSTICIA LOOP

 City-St-Zip:
 LAND O' LAKES, FL 34639
 City-St-Zip:
 LAND O' LAKES, FL 34639

Title: T ( ) Delete Title: ( ) Change ( ) Addition Name: FUENTAS, MARGARET Name:

 Name:
 FOEIVIAS, MARGARET
 Name:

 Address:
 3207 N. OLA AVE
 Address:

 City-St-Zip:
 TAMPA, FL 33603
 City-St-Zip:

 Title:
 S
 ( ) Delete
 Title:
 S
 ( X) Change ( ) Addition

 Name:
 ROSAS, MARISOL
 Name:
 LANAUZE, CARLOS M

 Address:
 1915 TINKER DRIVE
 Address:
 7321 - 108 LAS PALMAS CT.

Address: 1915 TINKER DRIVE Address: 7321 - 108 LAS PALMAS (
City-St-Zip: LUTZ, FL 33559 City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete Title: AP (X) Change ( ) Addition

 Name:
 ROSAS, SANTA
 Name:
 ROSAS, SANTA

 Address:
 3207 N. OLA AVE
 Address:
 3207 N. OLA AVE

 City-St-Zip:
 TAMPA, FL 33603
 City-St-Zip:
 TAMPA, FL 33603

Title: ( ) Delete Title: AP ( ) Change (X) Addition

 Name:
 Name:
 SANCHES, LDELFONSO

 Address:
 Address:
 8141 EHREN-CUTOFF

 City-St-Zip:
 City-St-Zip:
 LAND O LANKES, FL 34639

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: PASTOR JOSE ROSAS P 03/31/2008