

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000260

FILED
Mar 06, 2009
Secretary of State

Entity Name: TALLER DEL MAESTRO INC.

Current Principal Place of Business:

LA PESCA MILAGROSA INC.
15901 W. LAKE BURRELL DR.
LUTZ,, FL 33549

New Principal Place of Business:

Current Mailing Address:

PO BOX 342172
TAMPA, FL 33694

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:

ROSAS, JOSE A
5800 JUSTICIA LOOP
LAND O' LAKES, FL 34639 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: P () Delete
Name: ROSAS, JOSE A
Address: 5800 JUSTICIA LOOP
City-St-Zip: LAND O' LAKES, FL 34639

Title: PW () Delete
Name: ROSAS, BELINDA
Address: 5800 JUSTICIA LOOP
City-St-Zip: LAND O' LAKES, FL 34639

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

Title: S () Delete
Name: LANAUZE, CARLOS M
Address: 7321 - 108 LAS PALMAS CT.
City-St-Zip: TAMPA, FL 33634

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

Title: AP (X) Delete
Name: SANCHES, DELFONSO
Address: 8141 EHREN-CUTOFF
City-St-Zip: LAND O LANKES, FL 34639

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: S (X) Change () Addition
Name: LANAUZE, CARLOS M
Address: 8153 EHREN CUTOFF
City-St-Zip: LAND O LAKES, FL 34639

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: JOSE ROSAS

P

03/06/2009

Electronic Signature of Signing Officer or Director

Date