


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90252 045 \*\*\*\*61.25

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| <b>DOCUMENT # N02000004990</b><br>1. Entity Name<br><b>DOMINICAN CULTURAL WEEK, INC.</b>  |  |   |  |    |  |
| Principal Place of Business<br><b>2600 FOUR SEASON CT<br/>APT A<br/>TAMPA FL 33612</b>  |  |   | Mailing Address<br><b>2600 FOUR SEASON CT<br/>APT A<br/>TAMPA FL 33612</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |  |   |  |
| City & State  |  | City & State  |  | 4. FEI Number<br><b>22-3863617</b>  |  |
| Zip   |  | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DIAZ, ANTONIO<br/>2600 FOUR SEASON CT<br/>APT A<br/>TAMPA FL 33612</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make Check Payable to<br/>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                      |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>DIAZ, ANTONIO<br>11327 SNOW FALL COURT #D<br>TAMPA FL 33612    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | MANUEL RAMIREZ PD<br>10218 TUTTLEHILL CT PD<br>TAMPA FL 33615   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DIAZ, ANTONIO<br>2600A FOUR SEASON COURT<br>TAMPA FL 33612           | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | CELENIA RAMIREZ SD<br>GEORGE RD.<br>TAMPA FL 33634  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VPD<br>PENA, VIRGILIO<br>11327 SNOW FALL COURT #D<br>TAMPA FL 33612  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | LUCIA GARCIA D<br>6013 W KNOX ST<br>TAMPA FL 33634  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>DEL VALLE, NARDA<br>11327 SNOW FALL COURT #D<br>TAMPA FL 33612 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | LESLIE CHARLES D  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GERMOSEN, RAUL<br>11327 SNOW FALL COURT #D<br>TAMPA FL 33612    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | RAFAEL PINEDA D<br>7517 N. 40TH ST E-211<br>TAMPA 33604   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MAXIMO POLANCO TD  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             |   |  |
| 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 617, 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: <u>ANTONIO DIAZ (VPD)</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | 5/5/04 (413) 727-3193<br><small>Date Daytime Phone</small>                 |   |  |