


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90158 024 ****61.25

| | |
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| DOCUMENT # N02000004990 |  |
| 1. Entity Name DOMINICAN CULTURAL WEEK, INC. | |

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| Principal Place of Business 2600 FOUR SEASON CT APT A TAMPA FL 33612 | Mailing Address 2600 FOUR SEASON CT APT A TAMPA FL 33612 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



1st MOORE CR2E037 (10/04)

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|------------------------------------|--|
| 4. FEI Number 22-3863617 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DIAZ, ANTONIO 2600 FOUR SEASON CT APT A TAMPA FL 33612 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RAMIREZ, MANUEL 10218 TURTLE HILL CT TAMPA FL 33615 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RAUL GERMOSSEN PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7107 N NEBRASKA AVE TAMPA FL. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RAMIREZ, CELENIA GEORGE RD. TAMPA FL 33634 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RAFAEL GUZMAN D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2514 E 17 AVE. TAMPA FL. 33605 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCIA, LUCIA 6013 W KNOX ST TAMPA FL 33634 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ANTONIO DIAZ D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2600 FOUR SEASON CT. APT A TAMPA FL. 33612 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHARLES, LESLIE 11327 SNOW FALL COURT #D TAMPA FL 33612 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PINEDA, RAFAEL 7517 N. 40TH ST E-211 TAMPA FL 33604 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Antonio Diaz D. **4/25/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #