

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004990

FILED
Jan 31, 2007
Secretary of State

Entity Name: DOMINICAN CULTURAL WEEK, INC.

Current Principal Place of Business:

2600 FOUR SEASON CT
APT A
TAMPA, FL 33612

New Principal Place of Business:

11500 N DALE MABRY HWY
608
TAMPA, FL 33618

Current Mailing Address:

2600 FOUR SEASON CT
APT A
TAMPA, FL 33612

New Mailing Address:

11500 N DALE MABRY HWY
608
TAMPA, FL 33618

FEI Number: 22-3863617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, ANTONIO
2600 FOUR SEASON CT
APT A
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

DIAZ, ANTONIO
11500 N DALE MABRY HWY
608
TAMPA, FL 33618 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: ANTONIO DIAZ

01/31/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERMOSEN, RAUL
Address: 7107 N NEBRASKA AVE
City-St-Zip: TAMPA, FL

Title: SD () Delete
Name: RAMIREZ, CELENIA
Address: GEORGE RD.
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: GARCIA, LUCIA
Address: 6013 W KNOX ST
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: GUZMAN, RAFAEL
Address: 2514 E 17 AVE
City-St-Zip: TAMPA, FL 33605

Title: D () Delete
Name: DIAZ, ANTONIO
Address: 2600 FOUR SEASON CT, APT A
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIAZ, ANTONIO
Address: 11500 N DALE MABRY HWY
City-St-Zip: TAMPA, FL

Title: SD (X) Change () Addition
Name: RAMIREZ, MANUEL
Address: 1519 PATTERSON ST
City-St-Zip: TAMPA, FL 33604

Title: D (X) Change () Addition
Name: MOSQUEA, GIL
Address: 1519 PATTERSON ST
City-St-Zip: TAMPA, FL 33604

Title: D (X) Change () Addition
Name: JAVIER, YOLANDA
Address: 2514 E 17 AVE
City-St-Zip: TAMPA, FL 33605

Title: D (X) Change () Addition
Name: POLANCO, ROSA
Address: 6018 JOHN RD
City-St-Zip: TAMPA, FL 33634

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: ANTONIO DIAZ

PD

01/31/2007

Electronic Signature of Signing Officer or Director

Date