

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 04, 2007
Secretary of State

DOCUMENT# N02000004990

Entity Name: DOMINICAN CULTURAL WEEK, INC.**Current Principal Place of Business:**11500 N DALE MABRY HWY
608
TAMPA, FL 33618**New Principal Place of Business:****Current Mailing Address:**11500 N DALE MABRY HWY
608
TAMPA, FL 33618**New Mailing Address:****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
11500 N DALE MABRY HWY
608
TAMPA, FL 33618 US**Name and Address of New Registered Agent:**DIAZ, ANTONIO
11500 N DALE MABRY HWY
601
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: _____

05/04/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: DIAZ, ANTONIO
Address: 11500 N DALE MABRY HWY
City-St-Zip: TAMPA, FL**Title:** SD () Delete
Name: RAMIREZ, MANUEL
Address: 1519 PATTERSON ST
City-St-Zip: TAMPA, FL 33604**Title:** D () Delete
Name: MOSQUEA, GIL
Address: 1519 PATTERSON ST
City-St-Zip: TAMPA, FL 33604**Title:** D () Delete
Name: JAVIER, YOLANDA
Address: 2514 E 17 AVE
City-St-Zip: TAMPA, FL 33605**Title:** D () Delete
Name: POLANCO, ROSA
Address: 6018 JOHN RD
City-St-Zip: TAMPA, FL 33634**Title:** () Delete
Name: () Delete
Address: () Delete
City-St-Zip: () Delete**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change () Addition
Name: RAMIREZ, MANUEL
Address: 11500 N DALE MABRY HWY
City-St-Zip: TAMPA, FL**Title:** T (X) Change () Addition
Name: DIAZ, ANTONIO
Address: 11500 N DALE MABRY HWY 601
City-St-Zip: TAMPA, FL 33618**Title:** D (X) Change () Addition
Name: ROMANICK, NATTYVETTEH
Address: 1519 PATTERSON ST
City-St-Zip: TAMPA, FL 33604**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** D () Change (X) Addition
Name: CASTILLO, ANA
Address: 11500 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618

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: ANTONIO DIAZ

T

05/04/2007

Electronic Signature of Signing Officer or Director

Date