

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004990

FILED
May 03, 2010
Secretary of State

Entity Name: DOMINICAN CULTURAL WEEK, INC.

Current Principal Place of Business:

11500 N DALE MABRY HWY
601
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11500 N DALE MABRY HWY
601
TAMPA, FL 33618

New Mailing Address:

FEI Number: 22-3863617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DIAZ, ANTONIO
Address: 11500 N DALE MABRY HWY # 601
City-St-Zip: TAMPA, FL 33618

Title: T
Name: POLANCO, ROSA
Address: 6318 GEORGE RD
City-St-Zip: TAMPA, FL 33634

Title: D
Name: JAVIER, SHERIDA
Address: 1513 PATTERSON AVE
City-St-Zip: TAMPA, FL 33614

Title: D
Name: JAVIER, YOLANDA
Address: 1513 PATTERSON RD
City-St-Zip: TAMPA, FL 33614

Title: D
Name: MEDINA, JULIO
Address: 8626 PADDLEWHEEL ST
City-St-Zip: TAMPA, FL 33637

Title: D
Name: RAMIREZ, MANUEL
Address: 7704 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33604

I hereby 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 all other like empowered.

SIGNATURE: ANTONIO DIAZ

P

05/03/2010

Electronic Signature of Signing Officer or Director

Date