## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90757 025 \*\*\*\*61.25

1. Entity Nam	ROUGH CARIBBEAN SOCI	•		05-03	3-2004 90757 025 ****6	51.25
Principal Plac 205 N LINCO TAMPA, FL 3		Mailing Address 205 N LINCOLN AVE TAMPA, FL 33609				
2 Principal P	Nano of Rusinasa	3. Mailing Address				
		3. Walling Address		†		181121 11 1011
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292004 Chg-Ni	P CR2E037 (10/03)	
City & State		City & State		4. FEI Number 01-0780		Applied For lot Applicable
Zip	Country	Zip	Country	5. Certificate of Status I	_ \$8.75 A	iditional
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered Agent	eo
COX, LOE	TTF		Name			
	COLN AVE		Street Add	ess (P.O. Box Number is Not A	cceptable)	
			City		FL Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its	registered office or re	gistered agent, or both, in the S		and accept
	tions of registered agent.	, , , , , , , , , , , , , , , , , , ,		,		
	3.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature	equired when reinstating)	DATE	<del></del>
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund C	npalgn Financing*	\$5.00 May Be Added to Fees	Make check payable Florida Department of S	
10.	OFFICERS AND DIF	<del></del>	11.		OFFICERS AND DIRECTORS I	
NAME &	PD HERCULES, JENNIFER	Delete				
STREET ADDRESS	3913 WALNUT ST			ERCULES, JENNI	. V Change	
<del> </del>		,	NAME #	ERCULES, TENNI 1913 WALNUT ST.	TER -	
TITLE	TAMPA, FL 33607	. Delete	NAME STREET ADDRESS GITY-ST-ZIP	ERCULES, TENNI 1913 WALNUT ST. 1AMPA, FL 33607	FER Channe	Addition
NAME	SD COX, LOETTE	. Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE	ERCULES, TENNI 1913 WALNUT ST. 1AMPA, FL 38607	FER V Change	Addition
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED ON PRILY OF SIGNATURE AND TYPED ON PRILY ON P SIGNATURE

## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Affechnient

DOCUMENT # N0300001217  1. Entity Name HILLSBOROUGH CARIBBEAN SOCIAL & CULTURAL ASSOC., INC.								`		
205 N LINCOLN AVE 205			Mailing Address 205 N LINCOLN AVE TAMPA, FL 33609			14017577				
2. Principal P	lace of Business	3. Mailir	ng Address	<del></del>						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1292004	Chg-NP	CR2E03	7 (10/03)	
City & State .			City & State			FEI Number	078028	07	<u> </u>	oplied For
Zip	Country	Zip		Country	5.		of Status Desired		\$8.75 Add	titional
	6. Name and Address of Cu	rrent Registered	Agent	\	7.	Name and	Address of Nev			<u> </u>
				Name						-
COX, LOE 205 N LING TAMPA, F	COLN AVE			Street A	ddress (P.O.	Box Numbe	r is Not Accepta	ible)		
				1						
				City		''		FL	Zip Cod	e
	named entity submits this staten tions of registered agent.	nent for the purpo	se of changing its	registered office of	r registered a	gent, or both	n, in the State of	Florida. I am f	amiliar with,	and accept
2:2:	•									ļ
SIGNATURE .	Signature, typed or printed name of registere	ed agen) and title if appli	icable. (NOT	E: Registered Agent signa	ture required when	reinstating)		DATE	·	
SIGNATURE	Signature: typed or printed name of registers Filling Fee is \$61.25 Due by May 1, 2004	ed agent and title if appli		npaign Financing	\$5.	reinstating) .00 May Belled to Fees	) F	Make check		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2004	ed agent and title if applied agent and title if applied agent and title if applied agent	9. Election Car	npaign Financing	□ <b>\$5.</b>	.00 May Be	F NGES TO OFFI	Make check lorida Depart	tment of Si	tate
10.	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AI		9. Election Car	mpaign Financing Contribution.	S5. Add	.00 May Be led to Fees TIONS/CHA	NGES TO OFFI	Make check lorida Depart	tment of Si	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AI  PD  HERCULES, JENNIFER		9. Election Car Trust Fund (	mpaign Financing Contribution.  11.  TITLE  NAME	ADDI	.00 May Beled to Fees TIONS/CHA	NGES TO OFFI	Make check lorida Depart	RECTORS IN	tate   10
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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: James W. Dulerusy 04/28/04 (BI3) 307-1725
SIGNATURE and TYPED OR PRINTY MANGED FRIGHING OFFICER OR DIRECTOR

Output

Director