


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005878 1. Entity Name LAS CHICAS OF TAMPA BAY INC.	
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Principal Place of Business 11525 ARECA RD TAMPA, FL 33618	Mailing Address 11525 ARECA RD TAMPA, FL 33618
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DO NOT WRITE IN THIS SPACE



04082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 75-3121672	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE LA CRUZ, BLANCHE 11525 ARECA RD TAMPA, FL 33618

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RODRIGUEZ, DORINDA 13401 FAWN SPRINGS DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DUKE, CAROLYN 3405 TYSON AVE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIPOMPO, CAREY 8223 CRENSHAW CR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RAMOS, ROSSI 1401 S BAY VILLA TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARGUELLES, ADELLA 3211 SWANN AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE LA CRUZ, BLANCHE 11525 ARECA RD TAMPA, FL 33618

U00000765835
06/04/07-80006-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Carolyn J. Duke Carolyn J. Duke 5-31-07 813-837-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #