

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005878

FILED
May 07, 2008
Secretary of State

Entity Name: LAS CHICAS OF TAMPA BAY INC.

Current Principal Place of Business:

11525 ARECA RD
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

11525 ARECA RD
TAMPA, FL 33618

New Mailing Address:

FEI Number: 75-3121672 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:

DE LA CRUZ, BLANCHE
11525 ARECA RD
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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 () Delete
Name: RODRIGUEZ, DORINDA
Address: 13401 FAWN SPRINGS DR
City-St-Zip: TAMPA, FL 33626

Title: T () Delete
Name: DUKE, CAROLYN
Address: 3405 TYSON AVE
City-St-Zip: TAMPA, FL 33611

Title: S () Delete
Name: DIPOMPO, CAREY
Address: 8223 CRENSHAW CR
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: RAMOS, ROSSI
Address: 1401 S BAY VILLA
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: ARGUELLES, ADELLA
Address: 3211 SWANN AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: DE LA CRUZ, BLANCHE
Address: 11525 ARECA RD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROLYN J. DUKE

TREA

05/07/2008

Electronic Signature of Signing Officer or Director

Date