2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

09 MAY 11 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005878

1. Entity Name
LAS CHICAS OF TAMPA BAY INC.

Principal Place of Business	Mailing Address
11525 ARECA RD TAMPA, FL 33618	11525 ARECA RD TAMPA, FL 33618

05062008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
75-3121672

☐ Applied For
☐ Not Applicable

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

Filing Fee is $61.25
Due by September 12, 2009

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RODRIGUEZ, DORINDA
STREET ADDRESS	13401 FAWN SPRINGS DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	T
NAME	DUKE, CAROLYN
STREET ADDRESS	3405 TYSON AVE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	S
NAME	DIPOMPO, CAREY
STREET ADDRESS	8223 CRENSHAW CR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	RAMOS, ROSSI
STREET ADDRESS	1401 S BAY VILLA
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	ARGUELLES, ADELA
STREET ADDRESS	3214 SWANN AVE
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	D
NAME	DE LA CRUZ, BLANCHE
STREET ADDRESS	11525 ARECA RD
CITY-ST-ZIP	TAMPA, FL 33618

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05/11/09--01047--033 **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 4-15-09 813-837-2563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #