


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

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N40288 1. Entity Name PANAMANIAN CLUB OF TAMPA BAY, INC. |  |
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| Principal Place of Business 1706 W. HANNA AVE. TAMPA, FL 33604 | Mailing Address 1706 W. HANNA AVE. TAMPA, FL 33604 |
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04262004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3043735 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LEBRON, MICHAEL W ESQ 400 E BUFFALO AVE SUITE 101 TAMPA, FL 33603 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2004 | 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P OZTOLOZA, EVELYN 5424 RIPPLE CREEK DR TAMPA, FL 33625 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FURLONG, BRENDA 1706 W HANNA AVE TAMPA, FL 33604 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SADA, NITZA C 1916 ST. ISABEL STREET TAMPA, FL 336076522 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RAMIA, GLENDA J 6102 WEBB RD. APT. 601 TAMPA, FL 33615 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RODGERS, GLADYS 1516 COMPTON ST BRANDON, FL 33511 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SADA, ASTEVIA B 1005 E 31ST AVENUE TAMPA, FL 33603 |

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04/29/04-80118-007 61.25

**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nitza C. Sada **4-23-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #