

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N46956

1. Entity Name
**PUERTO RICO CHAMBER OF COMMERCE GULF COAST
OF FLORIDA, INC.**



Principal Place of Business
**306 E BULLARD PKWY
TAMPA, FL 33617 US**

Mailing Address
**17905 CACHET ISLE
TAMPA, FL 33647 US**



04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3102444	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RAMOS, JOSI S
17905 CACHET ISLE
TAMPA, FL 33647**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ-SOSA, JOSE 306 E BULLARD PKWY TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAMOS, JOSE S 222 E BULLARD PKWY TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATOS, ERIC E 7402 NORTH 56TH ST STE 908 TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMOS, MINERVA F 306 BULLARD PKWY TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP NAVARRO, MIRIAM 306 E BULLARD PKWY TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000500980
04/25/06-80043-013 70.00

**DO NOT WRITE
IN THIS SPACE**

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: José Ramos VP & Treasurer 4/7/06 013-988-7175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #