


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90038 042 ****70.00

| | | | | | |
|--|----------------------------------|--|--|---|--|
| DOCUMENT # N46956 1. Entity Name PUERTO RICO CHAMBER OF COMMERCE GULF COAST OF FLORIDA, INC. | | | |  | |
| Principal Place of Business 6018 WILSHIRE DR. TAMPA, FL 33615 US | | | Mailing Address 6018 WILSHIRE DR. TAMPA, FL 33615 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-3102444 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RAMOS, JOSI S 17905 CACHET ISLE TAMPA, FL 33647 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| | | | | FL Zip Code | |
| 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 re-registering) 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 | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SALOLANA KOBEL, ELIZABETH | | NAME | Saldana Kobel, Elizabeth | |
| STREET ADDRESS | 6018 WILSHIRE DR. | | STREET ADDRESS | 6018 Wilshire Drive | |
| CITY-ST-ZIP | TAMPA, FL 33615 | | CITY-ST-ZIP | TAMPA, FL 33615 | |
| TITLE | VIP | <input checked="" type="checkbox"/> Delete | TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOPEZ, LUIS | | NAME | Mendoza, Olga | |
| STREET ADDRESS | 6018 WILSHIRE DR. | | STREET ADDRESS | 6018 Wilshire Drive | |
| CITY-ST-ZIP | TAMPA, FL 33615 | | CITY-ST-ZIP | TAMPA, FL 33615 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CRUZ, TONI | | NAME | Garcia de Quevedo, Francisco, CPA | |
| STREET ADDRESS | 6018 WILSHIRE DR. | | STREET ADDRESS | 8316 Hanely Road | |
| CITY-ST-ZIP | TAMPA, FL 33615 | | CITY-ST-ZIP | TAMPA, FL 33615 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAMOS, JOSE S | | NAME | Collazo, Yessenia | |
| STREET ADDRESS | 6018 WILSHIRE DR. | | STREET ADDRESS | 6018 Wilshire Drive | |
| CITY-ST-ZIP | TAMPA, FL 33615 | | CITY-ST-ZIP | TAMPA, FL 33615 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Kobel, John | |
| STREET ADDRESS | | | STREET ADDRESS | 6018 Wilshire Drive | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | TAMPA, FL 33615 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: <i>Elizabeth Saldana Kobel</i> ELIZABETH SALDANA KOBEL 4-30-07 813-884-0267 | | | | | |