2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 10, 2004 8:00 am DOCUMENT # N93000000715 Secretary of State 1. Entity Name 02-10-2004 90012 011 \*\*\*\*61.25 LA CASA CUBA DE TAMPA INC. Principal Place of Business Mailing Address 2506 W. CURTIS STREET TAMPA FL 33614 P. O. BOX 20042 TAMPA FL 33622-0042 3. Mailing Address P. O. 13-04 1559 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number FJ 33684 Tai 59-3186242 Not Applicable Country USA Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, OSCAR Street Address (P.O. Box Number is Not Acceptable) 14311 BLACK CYPRESS LN **TAMPA FL 33625** City 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. † 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition ☐ Delete TITLE TITLE RODRIQUEZ, OSCAR NAME NAME 14311 BLACK CYPRESS LANE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CARTAYA, HENRY NAME NAME 4423 W CARHEN ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-7IP DS Change ☐ Addition ☐ Delete TITLE TITLE FERRER, HUMBERTO NAME NAME 4415 W CARMEN ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** CITY-ST-ZIP CITY-ST-ZIP Clenevte R. Bueno 6416 /pppolouss Dr Addition Delete TITLE REY, PEDRO NAME NAME 7007 WYSZEL HURST CT STREET ADDRESS STREET ADDRESS **TAMPA FL 33615** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MORENO, ALFREDO NAME 4505 N. ROME AVE STREET ADDRESS STREET ADDRESS TAMPA FL 33603 CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE 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 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.

(813) 962-7928 den SIGNATURE:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR