2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State
01-27-2005 90049 030 ****61.25

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1. Entity Name
LA CASA CUBA DE TAMPA INC.

Principal Place of Business	Mailing Address
2506 W. CURTIS STREET TAMPA, FL 33614 US	P. O. BOX 15592 TAMPA, FL 33684 US

40007568

01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3186242
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, OSCAR
14311 BLACK CYPRESS LN
TAMPA, FL 33625

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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 May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RODRIQUEZ, OSCAR
STREET ADDRESS	14311 BLACK CYPRESS LANE
CITY-ST-ZIP	TAMPA, FL
TITLE	DT
NAME	CARTAYA, HENRY
STREET ADDRESS	4423 W CARHEN ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	DS
NAME	FERRER, HUMBERTO
STREET ADDRESS	4415 W CARMEN ST
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	VP
NAME	BUENO, CLENENTE
STREET ADDRESS	6416 APPOLOOSA DR.
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	DV
NAME	MORENO, ALFREDO
STREET ADDRESS	4505 N. ROME AVE
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #