


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90047 017 ****61.25

DOCUMENT # N93000000715

1. Entity Name
LA CASA CUBA DE TAMPA INC.



Principal Place of Business
**2506 W. CURTIS STREET
 TAMPA, FL 33614 US**

Mailing Address
**P. O. BOX 15592
 TAMPA, FL 33684 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40073310



04182007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**MORENO, ALFRESDO
 4505 N ROME AVE
 TAMPA, FL 33606**

4. FEI Number
59-3186242

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DP GONZALEZ, LYDIA	<input type="checkbox"/> Delete
STREET ADDRESS	2819 W COMANCHE AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE NAME	DV ASOREY, LUIS	<input type="checkbox"/> Delete
STREET ADDRESS	3014 S WESTSHORE BLVD	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE NAME	DS CANASI, BELLA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3004 W HENRY AVE	
CITY-ST-ZIP	TAMPA, FL 33614	
TITLE NAME	DV BUENO, CLEMENTE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6416 A. OLOOSA DR	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE NAME	DP MORENO, ALFREDO	<input type="checkbox"/> Delete
STREET ADDRESS	4505 N ROME AVE	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DT Humberto Ferrer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3007 W. Cordelia	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: ALFREDO MORENO 4/19/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #