

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000715

FILED
Apr 11, 2009
Secretary of State

Entity Name: LA CASA CUBA DE TAMPA INC.

Current Principal Place of Business:

2506 W. CURTIS STREET
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 15592
TAMPA, FL 33684 US

New Mailing Address:

P. O. BOX 15592
TAMPA, FL 336845592 US

FEI Number: 59-3186242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, ALFRESDO
4505 N ROME AVE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MORENO, ALFREDO PRES
2506 W. CURTIS STREET
TAMPA, FL 33614 US

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.

SIGNATURE: ALFREDO MORENO

04/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: GONZALEZ, LYDIA
Address: 2819 W COMANCHE AVE
City-St-Zip: TAMPA, FL 33614

Title: DS () Delete
Name: ASOREY, LUIS
Address: 3014 S WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33629

Title: DT () Delete
Name: FERRER, HUMBERTO
Address: 3007 W. CORDELIS
City-St-Zip: TAMPA, FL 33607

Title: DP () Delete
Name: MORENO, ALFREDO
Address: 4505 N ROME AVE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: GONZALEZ, LYDIA DVP
Address: 2819 W COMANCHE AVE
City-St-Zip: TAMPA, FL 33614 US

Title: DS (X) Change () Addition
Name: ASOREY, LUIS DS
Address: 3014 S WESTSHORE BLVD
City-St-Zip: TAMPA, FL 33629 US

Title: DT (X) Change () Addition
Name: FERRER, HUMBERTO DT
Address: 3007 W. CORDELIA
City-St-Zip: TAMPA, FL 33607 US

Title: DP (X) Change () Addition
Name: MORENO, ALFREDO DP
Address: 2506 W. CURTIS STREET
City-St-Zip: TAMPA, FL 33614 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFREDO MORENO

PRES

04/11/2009

Electronic Signature of Signing Officer or Director

Date