

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002159

1. Entity Name
**SHPE-TAMPA INTERNATIONAL PROFESSIONAL
CHAPTER, INC.**



Principal Place of Business
**4111 SPARROW CT.
LUTZ, FL 33558 US**

Mailing Address
**4111 SPARROW CT.
LUTZ, FL 33558 US**



05072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3369264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RAUDALES, RICARDO
4111 SPARROW CT.
LUTZ, FL 33558**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000350864
06/04/08-80008-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAUDALES, RICARDO 4111 SPARROW COURT LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNADEZ, TATIANA 3031 W. RIO VISTA AVENUE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, VANESSA 5304 REFLECTIONS PLACE COURT TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NÚÑEZ, JR., ANDRÉS E 12003 MIDDLEBURY DRIVE TAMPA, FL 33628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 7, 2008

Date

(813) 960-0002

Daytime Phone #