


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # N96000003205	
1. Entity Name ASOCIACION ARGENTINA DE LA BAHIA DE TAMPA, INC.	

Principal Place of Business POST OFFICE BOX 11137 ST. PETERSBURG, FL 33733	Mailing Address POST OFFICE BOX 11137 ST. PETERSBURG, FL 33733
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04212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3543143	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

J OSVALDO LAINO
324 SO. HYDRE PARK AVE #275
TAMPA, FL 33606

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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 renewing)

Filing Fee is \$81.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000320553 04/25/05-80177-025 70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAINO, OSVALDO 324 S HYDE PARK AVE., #275 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAHEB, EDUARDO 841 EDEN ISLE BLVD. SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENIS, ELIAS 7050 SUNSET DRIVE, #605 SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAHEB, DORA 841 EDEN ISLE BLVD. SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, HECTOR 2946 W COLUMBUS DR., APT. 407 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, NORMA 6540 GULFPORT BLVD. SAINT PETERSBURG, FL 33707

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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: ELIAS MENIS, TREAS. 4/21/05 727-343-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #