

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003205

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** ASOCIACION ARGENTINA DE LA BAHIA DE TAMPA, INC.

**Current Principal Place of Business:**

POST OFFICE BOX 11137  
ST. PETERSBURG, FL 33733

**New Principal Place of Business:**

6540 GULFPORT BLVD  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

POST OFFICE BOX 11137  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

**FEI Number:** 59-3543143      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NORMA LOPEZ  
6540 GULFPORT BLVD  
ST. PETERSBURG, FL 33707      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LOPEZ, NORMA  
Address: 6540 GULFPORT BLVD.  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP      ( ) Delete  
Name: MOLINA, GABRIELA  
Address: 1992 ARVIS E. CIRCLE  
City-St-Zip: CLEARWATER, FL 33764

Title: T      ( ) Delete  
Name: MENIS, ELIAS  
Address: 7050 SUNSET DRIVE, #605  
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: S      ( ) Delete  
Name: RAHEB, DORA  
Address: 841 EDEN ISLE BLVD.  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D      ( ) Delete  
Name: BALDI, SUSANA  
Address: 5842 RED CEDAR LN  
City-St-Zip: TAMPA, FL 33625

Title: D      ( ) Delete  
Name: BRAVO, GLADIS  
Address: 1484 SEAGULL DR., APT. 203  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORMA LOPEZ

P

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date