

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

05-13-2005 90230 022 ****70.00

DOCUMENT # N98000005075					
1. Entity Name CLUB SOCIAL ECUATORIANO DE TAMPA, INC.					
Principal Place of Business P.O. BOX 151452 TAMPA, FL 33684			Mailing Address P.O. BOX 151452 TAMPA, FL 33684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3531690	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VERA-AGUSTIN F 8104 N HALE AVE TAMPA, FL 33614			7. Name and Address of New Registered Agent Name <u>VERA GRETTA</u> Street Address (P.O. Box Number is Not Acceptable) <u>8104 N. HALE AVE</u> City <u>TAMPA</u> FL <u>33614</u>		
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 agents. SIGNATURE <u>Agustin Vera</u> (PRESIDENT) <u>AGUSTIN VERA</u> DATE <u>5-9-05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP NAME VERA, AGUSTIN F STREET ADDRESS 8104 N HALE AVE CITY-ST-ZIP TAMPA, FL 33614	☒ Delete		TITLE DP NAME VERA GRETTA STREET ADDRESS 8104 N. HALE AVE CITY-ST-ZIP TAMPA FL 33614	☒ Change ☐ Addition	
TITLE VD NAME BURNS, OFELIA STREET ADDRESS 4727 FOXSHIRE CIR CITY-ST-ZIP TAMPA, FL 33624	☒ Delete		TITLE VD NAME MOREIRA JESUS STREET ADDRESS 10132 BARNETT LOOP CITY-ST-ZIP PORT RICHEY, FL 34668	☒ Change ☐ Addition	
TITLE DS NAME VERA, GRETTA R STREET ADDRESS 8104 NORTH HALE AVENUE CITY-ST-ZIP TAMPA, FL 33614	☐ Delete		TITLE DS NAME GUEVARA BLANCA STREET ADDRESS 6902 N. HUBERT AVE. CITY-ST-ZIP TAMPA, FL 33614	☒ Change ☐ Addition	
TITLE DT NAME GUEVARA, RAMON E STREET ADDRESS 6902 N HUBERT AVE CITY-ST-ZIP TAMPA, FL 33614	☐ Delete		TITLE DT NAME GUEVARA, RAMON E STREET ADDRESS 6902 N HUBERT AVE CITY-ST-ZIP TAMPA, FL 33614	☐ Change ☐ Addition	
TITLE DT NAME GUEVARA, RAMON E STREET ADDRESS 6902 N HUBERT AVE CITY-ST-ZIP TAMPA, FL 33614	☐ Delete		TITLE DT NAME GUEVARA, RAMON E STREET ADDRESS 6902 N HUBERT AVE CITY-ST-ZIP TAMPA, FL 33614	☐ Change ☐ Addition	
TITLE DT NAME GUEVARA, RAMON E STREET ADDRESS 6902 N HUBERT AVE CITY-ST-ZIP TAMPA, FL 33614	☐ Delete		TITLE DT NAME GUEVARA, RAMON E STREET ADDRESS 6902 N HUBERT AVE CITY-ST-ZIP TAMPA, FL 33614	☐ Change ☐ Addition	
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: <u>Agustin Vera</u> AGUSTIN VERA <u>5-9-05</u> <u>813-8848985</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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