

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90036 001 *****8.75
07-28-2006 90036 002 *****61.25

66022328



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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3531690	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VERA, GRETTE 8104 N HALE AVE TAMPA, FL 33614				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	DP VERA, GRETTE 8104 N HALE AVE TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORREIRA, JESUS 10132 BARNETT LOOP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GUEVARA, BLANCA 6902 N HUBERT AVE TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GUEVARA, RAMON E 6902 N HUBERT AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT AGUSTIN F. VERA 8104 N. HALE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MERCEDES MORALES 2111 W. COMANCHE AVE. TAMPA, FL 33603	<input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT AGUSTIN F. VERA 8104 N. HALE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT AGUSTIN F. VERA 8104 N. HALE AVE TAMPA, FL 33614	<input checked="" type="checkbox"/> Addition			
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: <u>Gretta Vera</u> GRETTE VERA (DP) 7-26-06 ⁽⁸¹³⁾ 884.8985 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					