

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90103 026 ****70.00

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1. Entity Name

**CENTRO ASTURIANO DE TAMPA BUILDING & CULTURAL
TRUST FUND, INC.**



Principal Place of Business

1913 N. NEBRASKA AVE.
TAMPA FL 33602-2525

Mailing Address

1913 N. NEBRASKA AVE.
TAMPA FL 33602-2525

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number
59-3569147

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, ELVIRA
1913 N. NEBRASKA AVE.
TAMPA FL 33602-2525**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALONSO, DOLORES**
CITY-ST-ZIP **7963 SAILBOARD KEY BLVD # 107
SOUTH PASADENA FL 33707-4402**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GARCIA, JOSEPH**
CITY-ST-ZIP **101 E. KENNEDY BLVD., STE. 2560
TAMPA FL 33602**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LOMBARDIA, BRAULIO**
CITY-ST-ZIP **1812 ISABEL ST.
TAMPA FL 33607**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **NIETO, ALBERT**
CITY-ST-ZIP **4200 BEACHWAY DR
TAMPA FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Elvira T. Garcia**
STREET ADDRESS **4805 Mendenhall Dr.**
CITY-ST-ZIP **Tampa, FL 33603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Elvira T. Garcia **Elvira T. Garcia, Pres. 4-26-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #