

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082543

FILED  
Aug 21, 2008  
Secretary of State

Entity Name: NEW TAMPA PROFESSIONAL BANQUET SERVICES, INC.

## Current Principal Place of Business:

5119 CYPRESS PALMS LN  
TAMPA, FL 33647 US

## New Principal Place of Business:

## Current Mailing Address:

5119 CYPRESS PALMS LN  
TAMPA, FL 33647 US

## New Mailing Address:

P.O. BOX 48352  
TAMPA, FL 33647 US

FEI Number: 20-0114881

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OCAMPO, ORESTES  
5119 CYPRESS PALMS LN  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OCAMPO, ORESTES  
Address: 5119 CYPRESS PALMS LN  
City-St-Zip: TAMPA, FL 33647 US

Title: T ( ) Delete  
Name: ARISTIZABAL, MARTHA  
Address: 5119 CYPRESS PALMS LN  
City-St-Zip: TAMPA, FL 33647 US

Title: S ( ) Delete  
Name: ARISTIZABAL, LUZ  
Address: 5119 CYPRESS PALMS LN  
City-St-Zip: TAMPA, FL 33647 US

Title: VP (X) Delete  
Name: RIVAS, RAMON  
Address: 5119 CYPRESS PALMS LN  
City-St-Zip: TAMPA, FL 33647 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OCAMPO, ORESTES  
Address: P.O. BOX 48352  
City-St-Zip: TAMPA, FL 33647 US

Title: VP (X) Change ( ) Addition  
Name: RIVAS, RAMON  
Address: P.O. BOX 48352  
City-St-Zip: TAMPA, FL 33647 US

Title: S (X) Change ( ) Addition  
Name: OCAMPO, ROSEMARY  
Address: P.O. BOX 48352  
City-St-Zip: TAMPA, FL 33647 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORESTES OCAMPO

P

08/21/2008

Electronic Signature of Signing Officer or Director

Date