

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000068166

FILED  
May 02, 2006  
Secretary of State

Entity Name: INSTITUTO POLITECNICO DE TAMPA CORP.

## Current Principal Place of Business:

1419 W. WATERS AVE.  
SUITE 104  
TAMPA, FL 33604

## New Principal Place of Business:

1419 W. WATERS AVE.  
SUITE 102  
TAMPA, FL 33604

## Current Mailing Address:

1419 W. WATERS AVE.  
SUITE 104  
TAMPA, FL 33604

## New Mailing Address:

1419 W. WATERS AVE.  
SUITE 102  
TAMPA, FL 33604

FEI Number: 20-2816842

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OSORIO, JOSE O  
6151 OAK CLUSTER CIRCLE  
TAMPA, FL 33634 US

## Name and Address of New Registered Agent:

OSORIO, JOSE O  
1419 W WATERS AVE  
104  
TAMPA, FL 33604 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: JOSE O OSORIO

05/02/2006

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: SANTANA, MANUEL E  
Address: 1452 WINDJAMMER PLACE  
City-St-Zip: VALRICO, FL 33594

Title: T (X) Delete  
Name: LEON, ROSALY  
Address: 6810 MIRROR LAKE AVE.  
City-St-Zip: TAMPA, FL 33634

Title: V ( ) Delete  
Name: COLON, PABLO  
Address: 13315 KRAMERIA WAY  
City-St-Zip: TAMPA, FL 33626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: COLON, PABLO  
Address: 13315 KRAMERIA WAY  
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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: MANUEL E SANTANA

P

05/02/2006

Electronic Signature of Signing Officer or Director

Date