

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000058700

Entity Name: GLORIAS ALF OF TAMPA, INC.

FILED  
Mar 14, 2006  
Secretary of State

## Current Principal Place of Business:

3213 W. CASS ST.  
TAMPA, FL 33609

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 15089  
TAMPA, FL 336845089

## New Mailing Address:

FEI Number: 59-3189281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GUEVARA, GLORIA M  
3213 W. CASS ST.  
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GUEVARA, GLORIA M  
Address: 3213 W. CASS ST.  
City-St-Zip: TAMPA, FL 33609

Title: SDT ( ) Delete  
Name: MENDOZA, PAUL V  
Address: 3213 W. CASS ST.  
City-St-Zip: TAMPA, FL 33609

Title: V.P. ( ) Delete  
Name: DE MEY, ALBERTO A V.PRES  
Address: 3213 W. CASS ST.  
City-St-Zip: TAMPA, FL 33609 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPST (X) Change ( ) Addition  
Name: MENDOZA, PAUL V  
Address: 3213 W. CASS ST.  
City-St-Zip: TAMPA, FL 33609

Title: D (X) Change ( ) Addition  
Name: DE MEY, ALBERTO A DIR  
Address: 3213 W. CASS ST  
City-St-Zip: TAMPA, FL 33609

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: PAUL V MENDOZA

VPST

03/14/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date