

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # S83201

1. Entity Name
MLT OF TAMPA, INC.



Principal Place of Business

5025 E FOWLER AVE
SUITE #19
TAMPA, FL 33617 US

Mailing Address

5025 E FOWLER AVE
SUITE #19
TAMPA, FL 33617 US



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3088530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOGGS, E. JACKSON
501 KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602

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IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000741225
05/15/07-80019-018 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME LARRINAGA, ROSARIO A.
STREET ADDRESS 4950 GULF BOULEVARD
CITY-ST-ZIP ST PET BEACH, FL

TITLE D
NAME BAILEY, TERESA R
STREET ADDRESS 24 LAUREL DR
CITY-ST-ZIP ATLANTA, GA 30342

TITLE D
NAME LARRINAGA, R. MICHAEL
STREET ADDRESS 502 SE FOWLER AVE, # 19
CITY-ST-ZIP TAMPA, FL 33617

TITLE D
NAME LARRINAGA, JOSEPH L.
STREET ADDRESS 4501 CLEVELAND ST
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 607, 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: _____

[Signature]

4/27/07

813-899-2000