

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S83201

Entity Name: MLT OF TAMPA, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

5025 E FOWLER AVE
SUITE #11
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

5025 E FOWLER AVE
SUITE #11
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3088530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, E. JACKSON
501 KENNEDY BLVD
SUITE 1700
TAMPA, FL 33602 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: D () Delete
Name: LARRINAGA, ROSARIO A.
Address: 5301 GULF BOULEVARD F-406
City-St-Zip: ST PETE BEACH, FL 33706

Title: D () Delete
Name: BAILEY, TERESA R
Address: 24 LAUREL DR
City-St-Zip: ATLANTA, GA 30342

Title: D () Delete
Name: LARRINAGA, R. MICHAEL
Address: 502 SE FOWLER AVE, # 11
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: LARRINAGA, JOSEPH L.
Address: 4501 CLEVELAND ST
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: R MICHAEL LARRINAGA

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date