


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 766149</b> 1. Entity Name <b>GRAND LODGE OF FREE MASONS OF THE ANTILLES INC</b>	
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Principal Place of Business <b>1883 S.W. 1ST STREET, FIRST FLOOR MIAMI, FL 33135</b>	Mailing Address <b>1883 S.W. 1ST STREET, FIRST FLOOR MIAMI, FL 33135</b>
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-1981904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BENITEZ, JUAN 8345 SW 54 ST., STE A MIAMI, FL 33155</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000051818 02/16/04-60066-013 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RODRIGUEZ, PABLO N 3024 SW 5 ST. MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SARDINA, PEDRO 5501 NW 7 ST. #E311 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SAN ROMAN, MANUEL 4311 SW 97 PLACE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

<b>SIGNATURE:</b> <i>Manuel San Roman</i>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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