

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 11, 2006
Secretary of State**

DOCUMENT# N01000006902

Entity Name: LES PELERINS LOGE #7, INC.

Current Principal Place of Business:

329 N E 118TH STREET
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

329 N E 118TH STREET
MIAMI, FL 33161

New Mailing Address:

FEI Number: 04-3644542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALTHAZAR, LEGUY
329 NE 118TH STREET
MIAMI, FL 33161 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALTHAZAR, LEGUY
Address: 329 N E 118TH STREET
City-St-Zip: MIAMI, FL 33161

Title: VD () Delete
Name: VIELOT, HAROLD
Address: 3250 N W 176TH TERRACE
City-St-Zip: MIAMI, FL 33056

Title: VD () Delete
Name: MERISIER, GEORGES
Address: 911 N W 142ND STREET
City-St-Zip: MIAMI, FL 33168

Title: SD () Delete
Name: DUPerval, MARIO
Address: 1450 N E 151ST ST., #103
City-St-Zip: N. MIAMI, FL 33162

Title: D () Delete
Name: SERGE, EDOUARD
Address: 7832 DILIDO BLVD.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: GEORGES, ANTOINE
Address: 10856 NW 9 CT
City-St-Zip: PLANTATION, FL 33324

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:

Title: D (X) Change () Addition
Name: JEAN, K.SATURNE
Address: 995 N E 170 STREET #103
City-St-Zip: MIAMI, FL 33162

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BALTHAZAR LEGUY

PD

01/11/2006

Electronic Signature of Signing Officer or Director

Date