

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005205	
1. Entity Name THE FIRST MIXED GRAND ORIENT & MIXED GRAND CONCLAVE OF FLORIDA, INC.	

FILED
2006 NOV 16 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 156 NW 73RD STREET MIAMI, FL 33128	Mailing Address 430 NE 148 STREET MIAMI, FL 33161
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2. Principal Place of Business 156 NW 73rd STREET Suite, Apt. #, etc.	3. Mailing Address 430 NE 148 STREET Suite, Apt. #, etc.
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09132006 Chg-NP CR2E037 (4/06)

City & State MIAMI, FLORIDA	City & State MIAMI FLORIDA
Zip 33128	Country DADE
Zip 33161	Country NORTH MIAMI

4. FEI Number 26-0113396	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GERMAIN, CLAUDE H 430 NE 148 STREET MIAMI, FL-33161	7. Name and Address of New Registered Agent Name CLAUDE HERVEY GERMAIN Street Address (P.O. Box Number is Not Acceptable) 430 NE 148 STREET 430 NE 148 STREET City MIAMI FL Zip Code 33161
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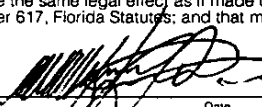
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC GERMAIN, CLAUDE H PO BOX 381793 MIAMI, FL 331381793 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM GABO, ERNST PO BOX 381793 MIAMI, FL 331381793 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GO GABRIEL, JEAN E PO BOX 381793 MIAMI, FL 331381793 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GPS ESTIME, SITHO PO BOX 381793 MIAMI, FL 331381793 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGS LOUIS, ALAIN X VI PO BOX 381793 MIAMI, FL 331381793 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NINA MILHOMME (GS) P.OBOX 381793 MIAMI, FLORIDA 3328-1793 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAND DEPUTE MASTER JESSIE RIGAUD P.O.BOX 381793 MIAMI FLORIDA 33238-1793 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ESEOSARES CLAUDE GERMAIN P.O.BOX 381793 MIAMI, FLORIDA 33238-1793 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300080209313 09/29/06--01055--012 **75.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition B 11/10/06 REINSTATEMENT 06 300080209313 11/21/06--01009--006 **170.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, 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: CLAUDE HERVEY GERMAIN 10/20/06  (305) 303-1328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Per conversation with GC Claude Germain Add (M) beside ESEOSARES