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	Mailing Address
156 NW 73RD STREET MIAMI, FL 33128	430 NE 148 STREET MIAMI, FL 33161

09132006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
156 NW 73rd STREE Suite, Apt. #, etc.	430 NE 148 STREET Suite, Apt. #, etc.
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

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GERMAIN, CLAUDE H 430 NE 148 STREET MIAMI, FL-33161	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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	NINA MILHOMME (GS) P.OBOX 381793 MIAMI,FLORIDA 3328-1793	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GM GABO, ERNST PO BOX 381793 MIAMI, FL 331381793	☒ Delete	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	GO GABRIEL, JEAN E PO BOX 381793 MIAMI, FL 331381793	☐ Delete	TITLE M / 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	GPS ESTIME, SITHO PO BOX 381793 MIAMI, FL 331381793	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300080309313 09/29/06--01055--012 **75.00	☐ Change ☐ Addition
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	B 11/10/06 DEPARTMENT 06	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300080309313 11/21/06--01009--006 **170.00	☐ 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 09/20/06 9/20/06 (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