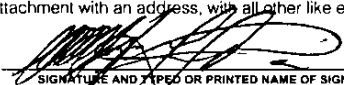


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90005 023 ****70.00

DOCUMENT # N04000005205 1. Entity Name THE FIRST MIXED GRAND ORIENT & MIXED GRAND CONCLAVE OF FLORIDA, INC.					
Principal Place of Business 156 NW 73RD STREET MIAMI, FL 33128			Mailing Address 430 NE 148 STREET MIAMI, FL 33161		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0113396	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 GERMAIN, CLAUDE HERVEY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reappointing) 3/20/07 DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	GS MILHOMME, NINA PO BOX 381793 MIAMI, FL 332381793	☐ 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	GDM RIGAUD, JESSIE P.O. BOX 381793 MIAMI, FL 332381793	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VEN.: CHERON, MARLENE P.OBOX 381793 MIAMI, FL 33238-1793	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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:  03/20/07 Date Daytime Phone #					