2006 NOT-FOR-PROFIT CORPORATION

FILED Jul 10, 2006 8:00 am Secretary of State

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A1	MAILLAL	REPORT	
A	MINOME	REPURI	

1. Entity Nam WEST DA	MENT #712391 ADE LODGE NO. 1825, LO INCORPORATED	YAL ORDER OF				07-10-2006	90028 ()25 ****7	70.00	
9900 SW 77TH AVENUE 99		Mailing Address 9900 SW 77TH AVE MIAMI, FL 33156	9900 SW 77TH AVENUE			50022076.				
2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite Ant # etc		07032006					
City & Ctat				<u>.</u>		Chg-NP	CR2E0	37 (4/06)		
City & State	9	City & State			4. FEI Number 59-1259			<u> </u>	pplied For ot Applicable	
Zip	Country	Zíp	Country		5. Certificate of	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		 		
C T CORP	ORATION SYSTEM			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)						
				City				Zip Code	е	
0.71	named entity submits this statement for						FL			
the obligati	ions of registered agent.	or the purpose of changing	y na rogistan	od omce or re	agistored agent, or both	i, iii tiie State di Filo	nua. Fain i	animar with	апо ассері	
	Classes a second as accessed as a second a	and the discount of the base o	NOTE B							
	Signature, typed or printed name of recastered agent	and title if applicable.	NOTE: Registere	d Agent signature	e required when reinstating)		DATE			
Di	Signature, typed or printed name of recistered agent Filling Fee is \$61.25 ue by September 6, 2006	9. Election	NOTE: Registere Campaign F	inancing _	\$5.00 May Be		ake check	payable to		
D:	Filing Fee is \$61.25	9. Election Trust Ful	Campaign F	inancing	\$5.00 May Be Added to Fees		ake check da Depart	ment of St	tate	
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indicated on this report or supplemental report is true and accurate data 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: 노	asil C. Mc Gres	DAVIDC MCC	04	7/3	106	305.279-59	97
SIG	NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR		Date	,	Daytime Phone #	