


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90222 039 \*\*\*\*61.25

<b>DOCUMENT # 766149</b>	
1. Entity Name <b>GRAND LODGE OF FREE MASONS OF THE ANTILLES INC</b>	

Principal Place of Business <b>1883 S.W. 1ST STREET, FIRST FLOOR MIAMI, FL 33135</b>	Mailing Address <b>1883 S.W. 1ST STREET, FIRST FLOOR MIAMI, FL 33135</b>
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**50002936**

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03022006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-1981904</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BENITEZ, JUAN 8345 SW 54 ST., STE A MIAMI, FL 33155</b>	
7. Name and Address of New Registered Agent Name <b>BENITEZ, JUAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2400 SW R3 AVE</b> City <b>MIAMI</b> FL Zip Code <b>33155</b>	

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  <b>JUAN BENITEZ</b>	DATE <b>03-03-06</b>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDROMAN, MANKEL 4311 SW 97 PL MIAMI, FL 33145 <i>CORRECTION</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAN ROMAN, MANUEL 4311 SW 97 PL MIAMI FL 3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARDINA, PEDRO 5501 NW 7 ST. #E311 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERRA, KENODORO 2981 SW 19 TERR MIAMI, FL 33145 <i>CORRECTION</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUERRA KENODORO 2981 SW 19 TERR MIAMI FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  <b>Manuel San Roman</b>	DATE <b>03-08-06</b> 305-552-6200
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	