

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90059 022 ****61.25

DOCUMENT # 766149

1. Entity Name
**GRAND LODGE OF FREE MASONS OF THE ANTILLES
INC**



Principal Place of Business
**1883 S.W. 1ST STREET, FIRST FLOOR
MIAMI, FL 33135**

Mailing Address
**1883 S.W. 1ST STREET, FIRST FLOOR
MIAMI, FL 33135**



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

01252008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-1981904

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

**BENITEZ, JUAN
2400 SW 83 AVE
MIAMI, FL 33155**

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

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 May 1, 2008**

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 PD ☐ Delete
NAME SANCHEZ, JOSE A
STREET ADDRESS 4634 SW 10 ST
CITY-ST-ZIP MIAMI, FL 33144

TITLE PD ☒ Change ☐ Addition
NAME SANCHEZ, SIMON A.
STREET ADDRESS 4634 SW 10 ST
CITY-ST-ZIP MIAMI FL 33144

TITLE SD ☐ Delete
NAME SARDINA, PEDRO
STREET ADDRESS 5501 NW 7 ST. #E311
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BENITEZ, JUAN
STREET ADDRESS 2400 SW 83 AVE
CITY-ST-ZIP MIAMI, FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JUAN BENITEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Date

305-552-4200

Daytime Phone #