

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90054 049 \*\*\*\*66.25

**DOCUMENT # 833824**

1. Entity Name

GRAND SPANISH LANGUAGE ORIENT OF ANCIENT AND  
ACCEPTED SCOTTISH RITE FOR THE UNITED STATES  
OF AM



Principal Place of Business

% FRANK CALZADILLA  
9615 SW 148 CT. "KENDAL"  
MIAMI, FL 33196-1642

Mailing Address

% FRANK CALZADILLA  
9615 SW 148 CT. "KENDAL"  
MIAMI, FL 33196-1642

**50009402**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212005

Chg-NP

CR2E037 (10/03)

4. FEI Number

13-3160127

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

~~MEDINA, DANIEL~~  
P. O. BOX 960683  
3301 NW 3TH ST  
MIAMI, FL 33125

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, 2005**

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 D ☐ Delete  
NAME FLORES, ARTURO  
STREET ADDRESS 370 CENTRAL PK WEST #101  
CITY-ST-ZIP NEW YORK, N Y 10025,

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

TITLE T ☐ Delete  
NAME ANGELO, MARTIN  
STREET ADDRESS 88 HURD ST.  
CITY-ST-ZIP MINEHILLI, NJ 03801

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

TITLE P ☐ Delete  
NAME CALZADILLA, FRANK  
STREET ADDRESS 9615 S.W.148 CT.  
CITY-ST-ZIP MIAMI, FL

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

TITLE ~~D~~ ☐ Delete  
NAME ~~CORDERO, ALBERTO~~  
STREET ADDRESS ~~1919 SW 15TH AVE PH2~~  
CITY-ST-ZIP ~~MIAMI, FL 33125~~

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

TITLE D ☒ Delete  
NAME MEDINA, DANIEL  
STREET ADDRESS 3301 N.W. THIRD STREET  
CITY-ST-ZIP MIAMI, FL 39125

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

TITLE S ☒ Delete  
NAME SIGLER, LAURI  
STREET ADDRESS 1919 NW 15TH AVE  
CITY-ST-ZIP MIAMI, FL 33125

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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #