

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001634

FILED
Feb 01, 2006
Secretary of State

Entity Name: ASOCIACION MASONICA LOGIA EDY OBRER, INC.

Current Principal Place of Business:

600 W 29 STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

600 W 29 STREET
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 65-1122739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINGUEZ, VICENTE
16008 NW 82 PLACE
MIAMI, FL 33016 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DOMINGUEZ, VICENTE
Address: 16008 NW 82 PLACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D () Delete
Name: MUNOZ, WILFREDO
Address: 695 E 8 CT
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: GONZALEZ, EFRAIN
Address: 7467 W 31 AVE
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EFRAIN S. GONZALEZ

TRES

02/01/2006

Electronic Signature of Signing Officer or Director

Date