

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90015 027 ****61.25

DOCUMENT # N01000001634	
1. Entity Name ASOCIACION MASONICA LOGIA EDY OBRER, INC.	

Principal Place of Business 600 W 29 STREET HIALEAH FL 33010	Mailing Address 600 W 29 STREET HIALEAH FL 33010
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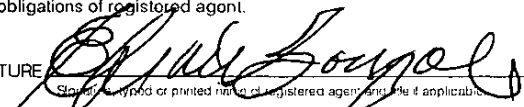


2. Principal Place of Business - No P.O. Box #		3. Mailing Address 7467 W. 31 Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33018	Country USA	Zip 33018	Country USA

1st MOORE CR2E037 (10/06)

4. FEI Number 65-1122739		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINGUEZ, VICENTE 16008 NW 82 PLACE MIAMI FL 33016		7. Name and Address of New Registered Agent Name: Ercilio del Rio Street Address: 675 E. 8 ct. City: Hialeah FL Zip Code: 33010	

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.

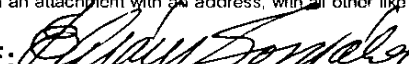
SIGNATURE:  DATE: 02/08/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DOMINGUEZ, VICENTE 16008 NW 82 PLACE MIAMI LAKES FL 33016 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	President Ercilio del Rio 675 E. 8 ct. Hialeah, FL 33010 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MUNOZ, WILFREDO 695 E 8 CT HIALEAH FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GONZALEZ, EFRAIN 7467 W 31 AVE HIALEAH FL 33018 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 02/08/07 305-826-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR