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

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1. Entity Name

ASOCIACION MASONICA LOGIA EDY OBRER, INC.

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

1st MOORE CR2E037 (10/06)

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

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	7. Name and Address of New Registered Agent
DOMINGUEZ, VICENTE 16008 NW 82 PLACE MIAMI FL 33016	Name: Ercilio del Rio Street Address (P.O. Box): 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: [signature] 02/08/07
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

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	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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, EFRAIN 7467 W 31 AVE HIALEAH FL 33018	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: [signature] 02/08/07 305-826-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #