


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000005754</b> 1. Entity Name <b>MIAMI-DADE BLAVATSKY LODGE, INC.</b>																																																																																																													
Principal Place of Business <b>910 NW 22ND AVE. MIAMI, FL 33125</b>			Mailing Address <b>3403 NW 13TH ST APT 3W MIAMI, FL 33125</b>																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																										
City & State			City & State																																																																																																										
Zip		Country		Zip																																																																																																									
Country		Country		4. FEI Number <b>65-1129732</b>																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																									
6. Name and Address of Current Registered Agent <b>GARCIA, ADALBERTO 2403 NW 13TH ST APT 3W MIAMI, FL 33125</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																									
<div style="text-align: right;"> <b>Make check payable to Florida Department of State</b> </div>																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, JUAN B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>470 NW 23RD CT</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33125</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DONA-DIO, OLGA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8415 SW 107TH AVE APT 247W</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCPHERSON, NORMA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8415 SW 107TH AVE APT 247W</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33173</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARCIA, ADALBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3403 NW 34TH AVE APT 3W</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33125</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </div> </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	RODRIGUEZ, JUAN B		STREET ADDRESS	470 NW 23RD CT		CITY-STATE-ZIP	MIAMI, FL 33125		TITLE	VD	<input type="checkbox"/> Delete	NAME	DONA-DIO, OLGA		STREET ADDRESS	8415 SW 107TH AVE APT 247W		CITY-STATE-ZIP	MIAMI, FL 33173		TITLE	SD	<input type="checkbox"/> Delete	NAME	MCPHERSON, NORMA		STREET ADDRESS	8415 SW 107TH AVE APT 247W		CITY-STATE-ZIP	MIAMI, FL 33173		TITLE	T	<input type="checkbox"/> Delete	NAME	GARCIA, ADALBERTO		STREET ADDRESS	3403 NW 34TH AVE APT 3W		CITY-STATE-ZIP	MIAMI, FL 33125		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition           </div>	NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Adalberto Garcia</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <i>Jan 17/05</i>  <small>Date</small> </div> <div style="width: 40%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>																																																																																																													



01102005 Chg-NP CR2E037 (10/03)

**\$8.75** Additional  
Fee Required

**FL**

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01/20/05-80049-014 61.25