

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 049 *****61.25

DOCUMENT # N01000005754

1. Entity Name

MIAMI-DADE BLAVATSKY LODGE, INC.



Principal Place of Business

910 NW 22ND AVE.
MIAMI FL 33125

Mailing Address

3403 NW 13TH ST
APT 3W
MIAMI FL 33125 - 2815



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-1129732

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARCIA, ADALBERTO
2403 NW 13TH ST
APT 3W
MIAMI FL 33125 - 2815

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JUAN B	
STREET ADDRESS	470 NW 23RD CT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DONA-DIO, OLGA	
STREET ADDRESS	8415 SW 107TH AVE APT 247W	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, NORMA	
STREET ADDRESS	8415 SW 107TH AVE APT 247W	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARCIA, ADALBERTO	
STREET ADDRESS	3403 NW 34TH AVE APT 3W	
CITY-ST-ZIP	MIAMI FL 33125 - 2815	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DONA-DIO, OLGA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8415 SW 107TH AVE. APT. 347W	
STREET ADDRESS	MIAMI, FL 33173	
CITY-ST-ZIP		
TITLE	RODRIGUEZ, JUAN B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	470 NW 23RD CT.	
STREET ADDRESS	MIAMI, FL 33125	
CITY-ST-ZIP		
TITLE	GARCIA, ADALBERTO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3403 N.W. 34TH AVE. APT. 3W	
STREET ADDRESS	MIAMI, FL 33125 - 2815	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Adalberto Garcia

January 25/06