


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90015 036 ****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	
2. Principal Place of Business - No P.O. Box # <i>910 NW 22 AVE.</i>		3. Mailing Address <i>1270 NW-34 AVE.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI-FLA.</i>		City & State <i>MIAMI FLA.</i>	
Zip <i>33125-2815</i>		Zip <i>33125-2815</i>	
Country <i>U.S.</i>		Country <i>U.S.</i>	
4. FEI Number 65-1129732		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, ADALBERTO 2403 NW 13TH ST APT 3W MIAMI, FL 33125		7. Name and Address of New Registered Agent Name <i>Adalberto GARCIA</i> Street Address (P.O. Box Number is Not Acceptable) <i>1270 NW 34 AVE.</i> City <i>MIAMI</i> FL <i>33125-2815</i>	
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) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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	VD RODRIGUEZ, JUAN B 470 NW 23RD CT MIAMI, FL 33125	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONA-DIO, OLGA 8415 SW 107TH AVE APT 247W MIAMI, FL 33173	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCPHERSON, NORMA 8415 SW 107TH AVE APT 247W MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete	TITLE <i>SD</i> NAME STREET ADDRESS CITY-ST-ZIP <i>ADALBERTO GARCIA</i> <i>1270 NW 34 AVE.</i> <i>MIAMI, FL 33125-2815</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, ADALBERTO 3403 NW 34TH AVE APT 3W MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE <i>T</i> NAME STREET ADDRESS CITY-ST-ZIP <i>ADALBERTO GARCIA</i> <i>1270 NW 34 AVE.</i> <i>MIAMI FLA. 33125-2815</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Adalberto GARCIA</i>		Date <i>Feb. 28/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	