

FILED
Mar 19, 2008 8:00 am
Secretary of State

01-22-2008 90054 036 ****61.25

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N01000005754			
1. Entity Name MIAMI-DADE BLAVATSKY LODGE, INC.			
Principal Place of Business 910 NW 22ND AVE. MIAMI, FL 33125		Mailing Address 1270 NW 34TH AVE. MIAMI, FL 33125-2815	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1129732		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, ADALBERTO 1270 NW 34TH AVE. MIAMI, FL 33125-2815		7. Name and Address of New Registered Agent 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 <i>Adalberto Garcia</i>		DATE <i>Feb. 27/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD RODRIGUEZ, JUAN B 470 NW 23RD CT MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD BONA-DIO, OLGA 8415 SW 107TH AVE. APT. 247W MIAMI, FL 33173 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD BONA-DIO, OLGA 8415 SW 107TH AVE APT 247W MIAMI, FL 33173 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RODRIGUEZ, JUAN B 470 NW 23 COURT. FL 33125 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SDT GARCIA, ADALBERTO 1270 NW 34TH AVE. MIAMI, FL 33125-2815 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SDT GARCIA, ADALBERTO 1270 NW 34 AVE. MIAMI, FL 33125 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

Secretary