

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006902

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: LES PELERINS LOGE #7, INC.

**Current Principal Place of Business:**

329 N E 118TH STREET  
MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

329 N E 118TH STREET  
MIAMI, FL 33161

**New Mailing Address:**

FEI Number: 04-3644542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALTHAZAR, LEGUY BL  
329 NE 118TH STREET  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BALTHAZAR, LEGUY PD  
Address: 329 N E 118TH STREET  
City-St-Zip: MIAMI, FL 33161

Title: VD  
Name: VIELOT, HAROLD V.H  
Address: 3250 N W 176TH TERRACE  
City-St-Zip: MIAMI, FL 33056

Title: VD  
Name: MERISIER, GEORGES MG  
Address: 911 N W 142ND STREET  
City-St-Zip: MIAMI, FL 33168

Title: SD  
Name: DUPerval, MARIO DM  
Address: 1450 N E 151ST ST., #103  
City-St-Zip: N. MIAMI, FL 33162

Title: D  
Name: JEAN-LOUIS, JACQUES JLJ  
Address: 1780 NE 191 STREET  
City-St-Zip: MIAMI, FL 33179

Title: D  
Name: GEORGES, ANTOINE GA  
Address: 10856 NW 9 CT  
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LEGUY BALTHAZAR

PD

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date