


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90084 005 *****75.00

DOCUMENT # N04000005205 1. Entity Name THE FIRST MIXED GRAND ORIENT & MIXED GRAND CONCLAVE OF FLORIDA, INC.			
Principal Place of Business 430 NE 148 STREET MIAMI, FL 33161		Mailing Address 430 NE 148 STREET MIAMI, FL 33161	
2. Principal Place of Business 156 N.W. 73rd Street Suite, Apt. #, etc. MIAMI FLORIDA 33128 City & State MIAMI FLORIDA 33128 Zip Country		3. Mailing Address 430 N.E. 148 STREET Suite, Apt. #, etc. MIAMI, FLORIDA 33161 City & State MIAMI, FLORIDA 33161 Zip Country	
4. FEI Number 04302005		Chg-NP CR2E037 (10/03)	
5. Certificate of Status Desired XX		Applied For Not Applicable	
6. Name and Address of Current Registered Agent GERMAIN, CLAUDE H 430 NE 148 STREET MIAMI, FL 33161		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City N/A FL Zip Code N/A	
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 N/A DATE N/A <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. XXX \$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	GC GERMAIN, CLAUDE H PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM GABO, ERNST PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GO GABRIEL, JEAN E PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GPS ESTIME, SITHO PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SGS LOUIS, ALAIN X.VI PO BOX 381793 MIAMI, FL 331381793	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition N/A
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CLAUDE HERVEY GERMAIN		Date 04/30/05 Daytime Phone # 305-1328	