## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 22, 2007 8:00 am Secretary of State 02-22-2007 90009 010 \*\*\*\*61.25

Principal Place of Jusiness   Mailing Address   600 W 29 ST   HALEAH, FL 33012    2. Principal Place of Business - No 90 Box #   3. Mailing Address   600 W 29 ST   HALEAH, FL 33012    2. Principal Place of Business - No 90 Box #   3. Mailing Address   600 W 29 ST   HALEAH, FL 33012    2. Principal Place of Business - No 90 Box #   3. Mailing Address   600 W 29 ST   HALEAH, FL 33012    2. Principal Place of Business - No 90 Box #   3. Mailing Address   600 W 29 ST   HALEAH, FL 33012    2. Principal Place of Business - No 90 Box #   4. FEI Number   20 SUBA Apt # etc.   61902007   61g-NP   CRZE037 (12/06)    2. Principal Place of Business - No 90 Box #   600 W 29 ST   Applied For Place - State - Place - State -	DOCUMENT # N0600004141  1. Entity Name LODGE JOAQUIN F. DEL CUETO, CORP.			0:	2-22-2007 9	00009 010 ****61.2	25	
Suite Apt. 4, etc.  Suite	600 W 29 ST 600 W 29 ST							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1302007   Chg.NP   CR2E037 (12/06)   Chy & State   Prince   County   Prince   County   Prince   County   Prince   P								
April   Apri				01302007	Chg-NP	CR2E037 (12/06)		
SANTANA, FRANCIS X 28 W FLAGLER ST ATE 400 MIAMI, FL 33130  SIGNATURE  Filling Poe is \$\$1.25 Due by May 1, 2007  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 10  TILE D. OFFICERS AND DIRECTORS  TILE TILE D. OFFICERS AND DIRECTORS  TILE TILE TILE TILE TILE TILE TILE TIL	HiAleph, PV. His		4. FEI Number 20 -	85837.	32 XN	ot Applicable		
SANTANA, FRANCIS X 28 W FLAGER ST ATE 400 MIAMI, FL 33130  Streat Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the burpose 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  FILE Zip Code  8. The above named entity submits this statement for the burpose 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida.  Interpretation of Florida Pepartor of Florida Pepar	33012 - Miami Dade-33	01-2- M	IAMI Jude	<u> </u>		Fee Require		
Street Address (P.O. Box Number is Not Acceptable)	CANTANA EDANCIO V		Name			<u></u>		
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or phrises name of registered agent and this if application.   (NOTE Registered Agent algorithm required when reinstating)   D.TE	28 W FLAGLER ST ATE 400		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or phrises name of registered agent and this if application.   (NOTE Registered Agent algorithm required when reinstating)   D.TE			i i				[	
SIGNATURE    Superior						FL∣ `		
Filling Fee is \$61.25   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   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    ITILE   LAO, ASDRUBAL   MAKE STREET ADDRESS   MAKE CHECK PAYABLE   MAKE MAKE STREET ADDRESS   MAKE CHECK PAYABLE   MAKE MAKE STREET ADDRESS   MAKE MAKE STREET ADDRESS   MAKE STREET ADDRESS   MAKE MAKE STREET ADDRESS   MAKE MAKE STREET ADDRESS   MAKE STREET ADDRESS	the obligations of registered agent.	ose of changing its regi	stered onice or regist	ered agent, or both,	, in the State of F	riorida. I am familiár with	, and accept	
Trust Fund Contribution.								
TITLE				=			1	
NAME   STREET ADDRESS				\$5.00 May Be		Make check payable		
CITY-ST-ZIP	Due by May 1, 2007  10. OFFICERS AND DIRECTORS		ribution.	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of S	tate	
TITLE	Due by May 1, 2007   10. OFFICERS AND DIRECTORS   TITLE   D   NAME   LAO, ASDRUBAL	Trust Fund Cont	ribution.   11.  TITLE  NAME	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of S	N 10	
STREET ADDRESS CITY-ST-ZIP  TITLE DE LAO, SALVADOR STREET ADDRESS CITY-ST-ZIP  TITLE DE LAO, SALVADOR STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME MAME MAME MAME MAME MAME MAME MA	Due by May 1, 2007   10. OFFICERS AND DIRECTORS   1ITLE   D   NAME   LAO, ASDRUBAL   STREET ADDRESS   400 W 29 PL #110	Trust Fund Cont	11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of S	N 10	
CITY-ST-ZIP	Due by May 1, 2007   10. OFFICERS AND DIRECTORS	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II	N 10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME TITLE NAME NAME NAME	Due by May 1, 2007	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II	N 10 Addition	
STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Due by May 1, 2007	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II	N 10 Addition	
CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP:  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME	Due by May 1, 2007	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THE TADDRESS CITY-ST-ZIP TITLE THE TADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II	N 10 Addition	
NAME	Due by May 1, 2007	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II	N 10 Addition	
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME Addition NAME	Due by May 1, 2007	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II	N 10 Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         NAME	TITLE D LAO, ASDRUBAL 400 W 29 PL #110 HIALEAH, FL 33010  TITLE D D SIGLER, JOSEPH STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D D SIGLER, JOSEPH STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D DE LAO, SALVADOR STREET ADDRESS 6493 W 22 CT CITY-ST-ZIP HIALEAH, FL 33016  TITLE TITLE D D STREET ADDRESS 6493 W 22 CT HIALEAH, FL 33016	Trust Fund Cont	TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  TITLE  NAME TITLE	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II Change	N 10 Addition Addition	
NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE           NAME         Change         Addition	Due by May 1, 2007  10. OFFICERS AND DIRECTORS  IITLE D LAO, ASDRUBAL  STREET ADDRESS 400 W 29 PL #110  CITY-ST-ZIP HIALEAH, FL 33012  IITLE D SIGLER, JOSEPH  STREET ADDRESS 1160 W 28 ST  CITY-ST-ZIP HIALEAH, FL 33010  IITLE D DE LAO, SALVADOR  STREET ADDRESS 6493 W 22 CT  CITY-ST-ZIP HIALEAH, FL 33016  IITLE NAME	Trust Fund Cont	TIDLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME NAME	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II Change	N 10 Addition Addition	
STREET ADDRESS CITY-ST-ZIP         STREET ADDRESS CITY-ST-ZIP           TITLE         Delete         TiTLE         Change         Addition           NAME         NAME         NAME         Addition	TITLE D HAME SIREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D D ## 1100  NAME LAO, ASDRUBAL 400 W 29 PL ## 110  NAME SIGLER, JOSEPH 1160 W 28 ST HIALEAH, FL 33010  TITLE D D ## 130010  TITLE D ## 130010  TITLE NAME STREET ADDRESS	Trust Fund Cont	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II Change	N 10 Addition Addition	
TITLE         Delete         TiTLE         Change         Addition           NAME         NAME	TITLE NAME STREET ADDRESS TITLE  D LAO, ASDRUBAL STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33012 TITLE D NAME SIGLER, JOSEPH STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 TITLE D NAME SIGLER, JOSEPH STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010 TITLE NAME STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Trust Fund Cont	TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  TITLE  NAME TITLE  NAME TITLE  NAME TITLE  NAME TITLE	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II Change	N 10 Addition Addition	
NAME NAME	TITLE D LAO, ASDRUBAL STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D D ## 110  NAME SIGLER, JOSEPH STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D D ## 1160 W 28 ST HIALEAH, FL 33010  TITLE D DE LAO, SALVADOR STREET ADDRESS CHY-ST-ZIP HIALEAH, FL 33016  TITLE NAME STREET ADDRESS CHY-ST-ZIP HIALEAH, FL 33016  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Trust Fund Cont	TITLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE  NAME NAME NAME NAME	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II Change	N 10 Addition Addition	
	TITLE D LAO, ASDRUBAL 400 W 29 PL #110  NAME LAO, ASDRUBAL 400 W 29 PL #110  NAME SIGLER, JOSEPH  STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D SIGLER, JOSEPH  STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D DE LAO, SALVADOR STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	Trust Fund Cont	TIDUTION.  11.  11.  11.  11.  11.  11.  11.	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II Change	N 10 Addition Addition	
	TITLE D LAO, ASDRUBAL STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D MAME SIGLER, JOSEPH STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D MAME SIGLER, JOSEPH STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D MAME DE LAO, SALVADOR STREET ADDRESS CHY-ST-ZIP HIALEAH, FL 33016  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Trust Fund Cont	TIDLE  NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II Change Change	N 10 Addition Addition Addition	
CITY-ST-ZIP CITY-ST-ZIP  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	TITLE D LAO, ASDRUBAL 400 W 29 PL #110  NAME LAO, ASDRUBAL 400 W 29 PL #110  NAME SIGLER, JOSEPH  STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D SIGLER, JOSEPH  STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33010  TITLE D DE LAO, SALVADOR 6493 W 22 CT HIALEAH, FL 33016  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	Trust Fund Cont	TIDUTION.  11.  11.  11.  11.  11.  11.  11.	\$5.00 May Be Added to Fees	Flo	Make check payable orlda Department of SERS AND DIRECTORS II Change Change	N 10 Addition Addition Addition	

indicated on this report or supplied with this litting does not qualify for the exciptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR