2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006865

Entity Name: FORT DALLAS LODGE #44, INC.

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
600 W. 29 HIALEAH, I						
Current Mailing Address:			New Mailing Address:			
1664 W. 42 HIALEAH, I						
FEI Number:	23-7596693	FEI Number Applied For ()	El Number Not Appli	icable () Cert	tificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FARRADA 1664 W. 42 HIALEAH, I	ST.	US				
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.						
SIGNATUR	RE:					
	Electro	onic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P REYES, SILV 464 E. 10 ST HIALEAH, FL		Title: Name: Address: City-St-Zip:	P (X) Char NARANJO, LUIS M 9145 NW 36 AVE. MIAMI, FL 33147	nge () Addition	
Title: Name: Address: City-St-Zip:	VALLE, RAM 6857 W. 36 S		Title: Name: Address: City-St-Zip:	VP (X) Char ROZALES, LAZARO 1002 W. PALM AVE. HIALEAH, FL 33010	nge () Addition	
Title: Name: Address: City-St-Zip:	SEC. (NIEBLA, EUG 151 W. 41 ST HIALEAH, FL	Г.	Title: Name: Address: City-St-Zip:	SEC. (X) Char FARRADAZ, ALDO 1664 W. 42 ST. HIALEAH, FL 33012	nge()Addition	
Title: Name: Address: City-St-Zip:	TREA (CASTILLO, J 120 W. 56 ST HIALEAH, FL	Т.	Title: Name: Address: City-St-Zip:	()Char	nge () Addition	
Title:	FS () Delete	Title:	()Char	nge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ALDO FARRADAZ SEC. 04/28/2007

BOSAKEWICH, MANUEL

4490 W. 19 CT. #B-113

HIALEAH, FL 33012

Name:

Address: City-St-Zip: