

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008214

FILED
May 12, 2009
Secretary of State

Entity Name: MASONIC LODGE JOAQUIN FELIPE DEL CUETO #1, INC.

Current Principal Place of Business:

910 NW 22ND AVE
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

910 NW 22ND AVE
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MARTINEZ, NICOLAS M
10465 SW 130 CT
MIAMI, FL 33186 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: D () Delete
Name: MARTINEZ, NICOLAS M
Address: 10465 SW 130 CT
City-St-Zip: MIAMI, FL 33186 US

Title: D () Delete
Name: ROQUE, FRANKLIN A
Address: 3902 SW 136 AVE
City-St-Zip: MIAMI, FL 33175 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PADRO, ALBERTO
Address: 1125 W 26TH ST - APT 03
City-St-Zip: HIALEAH, FL 33010 US

Title: D (X) Change () Addition
Name: MARTINEZ, NICOLAS M
Address: 10465 SW 130 CT
City-St-Zip: MIAMI, FL 33186 US

Title: D () Change (X) Addition
Name: CASTELLANO, ANTONIO
Address: 3520 E 10TH AVE
City-St-Zip: HIALEAH, FL 33013 US

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.

SIGNATURE: NICOLAS M. MARTINEZ

D

05/12/2009

Electronic Signature of Signing Officer or Director

Date