

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90055 028 \*\*\*\*61.25

<b>DOCUMENT # N06644</b>					
1. Entity Name <b>ASOCIACION MASONICA LUZ Y CONSTANCIA NON-PROFIT CORPORATION</b>					
Principal Place of Business <b>ALFREDO VALDES 331 NW 64 AVE MIAMI FL 33126 US</b>		Mailing Address <b>ALFREDO VALDES 600 W 29 ST HIALEAH FL 33010 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2506903</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VALDES, ALFREDO 600 W. 29 STREET, JOSE MARTI BLVD. HIALEAH FL 33010</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>   Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MELENDEZ, JUYENTINO</b>	NAME			
STREET ADDRESS	<b>1350 WEST 37 STREET</b>	STREET ADDRESS			
CITY-STATE-ZIP	<b>HIALEAH FL 33012</b>	CITY-STATE-ZIP			
TITLE	V1D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ALVAREZ, VICTOR C</b>	NAME	<b>Juan Sotolongo</b>		
STREET ADDRESS	<b>4253 SW 6 STREET</b>	STREET ADDRESS	<b>1930 S.W. Terrace</b>		
CITY-STATE-ZIP	<b>MIAMI FL 33134</b>	CITY-STATE-ZIP	<b>Miami Fla. 33125</b>		
TITLE	V2D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROD, FRANK</b>	NAME	<b>Jose A. Martinez</b>		
STREET ADDRESS	<b>4655 PALM AVE., ATO. 222</b>	STREET ADDRESS	<b>6620 West 2 Court Apt. 108</b>		
CITY-STATE-ZIP	<b>HIALEAH FL 33012</b>	CITY-STATE-ZIP	<b>Hialeah Fla. 33012</b>		
TITLE	V1D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>VALDES FELIPE, ALFREDO</b>	NAME			
STREET ADDRESS	<b>331 NW 64 AVE</b>	STREET ADDRESS			
CITY-STATE-ZIP	<b>MIAMI FL 33126</b>	CITY-STATE-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LEMUS, JUAN G</b>	NAME			
STREET ADDRESS	<b>5440 WEST 21ST COURT</b>	STREET ADDRESS			
CITY-STATE-ZIP	<b>HIALEAH FL 33016</b>	CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Alfredo Valdes* *Feb 19 2007*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #