

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000613

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** THE SUPREME COUNCIL OF THE 33 DEGREE, SPANISH LANGUAGE FOR THE SOUTHERN JURISDICTION OF THE UNITED STATES OF AMERICA, INC.

**Current Principal Place of Business:**

910 NW 22 AVE.  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

910 NW 22 AVE.  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 26-2199815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALS-AMARO, ARMANDO  
910 NW 22 AVE.  
MIAMI, FL 33125 US

**Name and Address of New Registered Agent:**

SALAS-AMARO, ARMANDO  
910 NW 22 AVE.  
MIAMI, FL 33125 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.

SIGNATURE: ARMANDO SALAS-AMARO

01/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GABRIEL, VIEIRA  
Address: 910 NW 22 AVE.  
City-St-Zip: MIAMI, FL 33125

Title: SD ( ) Delete  
Name: TORANZO, FRANK  
Address: 910 NW 22 AVE.  
City-St-Zip: MIAMI, FL 33125

Title: TD ( ) Delete  
Name: PLASENCIA, MANUEL  
Address: 910 NW 22 AVE  
City-St-Zip: MIAMI, FL 33125

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: COBO-TORANZO, FRANK  
Address: 910 NW 22 AVE.  
City-St-Zip: MIAMI, FL 33125

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: FRANK COBO-TORANZO

SD

01/08/2009

Electronic Signature of Signing Officer or Director

Date