

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N31733**

1. Entity Name

**AMERICAN SOCIETY OF HERMETIC PHILOSOPHY OF  
U.S.A. CORP.**



FILED

08 SEP 22 PM 4: 16

Principal Place of Business

1651 W. 37TH STREET  
STE. 402  
HIALEAH FL 33012

Mailing Address

142 PALM AVE  
MIAMI BEACH FL 33139



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0115199

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUNA, MARCELO E  
2350 S.W. 23 TERRACE  
MIAMI FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE: D  Delete  
NAME: LUNA, MARCELO E  
STREET ADDRESS: 2350 S.W. 23 TERRACE  
CITY-ST-ZIP: MIAMI FL 33145

TITLE: P.  Change  Addition  
NAME: DAISY RODRIGUEZ  
STREET ADDRESS: 19218 N.W. 81 PL.  
CITY-ST-ZIP: Miami, Fla 33015

TITLE: D  Delete  
NAME: DE LA ROSA, PEDRO V  
STREET ADDRESS: 1423 ALHAMBRA CIRCLE  
CITY-ST-ZIP: CORAL GABLES FL 33134

TITLE: P.  Change  Addition  
NAME: PATRICIA SANCEDO  
STREET ADDRESS: 10889 N.W. 7th St. apt #24  
CITY-ST-ZIP: miami, Fla. 33172

TITLE: D  Delete  
NAME: RODRIGUEZ, NORA  
STREET ADDRESS: 142 PALM AVENUE  
CITY-ST-ZIP: MIAMI BEACH FL 33138

TITLE: D  Change  Addition  
NAME: MARCIANO RODRIGUEZ  
STREET ADDRESS: 2103 S.W. 132 ave  
CITY-ST-ZIP: miami, Florida

TITLE: D  Delete  
NAME: RODRIGUEZ, DALIA  
STREET ADDRESS: 13538 S.W. 11 LANE  
CITY-ST-ZIP: MIAMI FL 33184

TITLE:  Change  Addition  
STREET ADDRESS: 600136271326  
CITY-ST-ZIP: 09/23/08--01050--001 \*\*70.00

TITLE:  Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  Addition  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY-ST-ZIP: \_\_\_\_\_

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: *Marciano Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-15-2008

305-672-7151