

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90040 003 ****61.25

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1. Entity Name
**GRAN LOGIA UNIDA DE LAS ANTILLAS DE A.L. Y A.M.,
INC.**



Principal Place of Business
**1883 SW 1ST ST
MIAMI, FL 33135**

Mailing Address
**1883 SW 1ST ST
MIAMI, FL 33135**

60033224



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0528571

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENITEZ, JUAN M
2400 SW 83RD AVE
MIAMI, FL 33155**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 **SD** ☐ Delete
NAME **SARDINA, PEDRO**
STREET ADDRESS **5501 NW 7TH ST, APT 311**
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RD** ☒ Delete
NAME **SAN ROMAN, MANUEL**
STREET ADDRESS **4311 SW 97 PLACE**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Change ☒ Addition
NAME **PD SARDINA, HECTOR**
STREET ADDRESS **5303 SW 19 AVE**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **TD** ☒ Delete
NAME **GUERRA, HELIDORO**
STREET ADDRESS **2901 SW 19 TERR**
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ Change ☒ Addition
NAME **TD BENITEZ, JUAN M.**
STREET ADDRESS **2400 SW 83 AVE**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete
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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 Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN M. BENITEZ

03-27-07 305-552-6260

Date

Daytime Phone #