
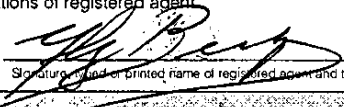
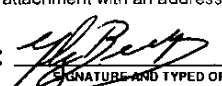


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90122 009 ****61.25

DOCUMENT # N97000007011					
1. Entity Name ORDEN ROSACRUZ INC.					
Principal Place of Business 3971 S.W. 8TH STREET #305 MIAMI FL 33134			Mailing Address 9380 SW 88 TERR MIAMI FL 33176		
2. Principal Place of Business 815 NW 57th Avenue			3. Mailing Address 815 NW 57th Avenue		
Suite, Apt. #, etc. Suite 218			Suite, Apt. #, etc. Suite 218		
City & State miami FL			City & State Miami FL		
Zip 33126	Country USA	Zip 33126	Country USA	4. FEI Number 65-0801390	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DIAZ-BERGUES, GABRIEL 3971 S.W. 8TH STREET #305 MIAMI FL 33134			7. Name and Address of New Registered Agent Name Diaz-Bergnes, Gabriel Street Address (P.O. Box Number is Not Acceptable) 815 NW 57th Avenue Suite 218 City miami FL Zip Code 33126		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 3/30/05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD VELAYOS, ANGEL M LAS PALMAS DE GRAN CANARIA GENERAL BRAVO 3 LAS PALMAS SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEL CARMEN, MARIA EMETERIO CAUSALVATIERRABIDE 101 01004 VICTORIA ALAVA SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD RAGEL, MARIA J GENERAL BRAVO 32 ALTO LAS PALMAS DE GRAN LAS PALMAS SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SOSA, MANUEL J NICARAGUA 17 GALADAR LAS PALMAS SPAIN LAS PALMAS SPAIN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ-BERGUES, GABRIEL 815 NW 57 AVE STE 218 MIAMI FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  : GABRIEL DIAZ-BERGUES 3/30/05 305-441-1844					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



1st MOORE CR2E037 (10/04)