

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90690 001 \*\*\*122.50

**DOCUMENT # N97000007011**

1. Entity Name  
**ORDEN ROSACRUZ INC.**



Principal Place of Business  
**815 NW 57TH AVE  
STE 218  
MIAMI, FL 33126 US**

Mailing Address  
**815 NW 57TH AVE  
STE 218  
MIAMI, FL 33126 US**

**66010518**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0801390**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DIAZ-BERGUES, GABRIEL  
815 NW 57TH AVE  
STE 218  
MIAMI, FL 33134**

**7. Name and Address of New Registered Agent**

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 and 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, 2006**

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**

TITLE **PD** ☐ Delete  
NAME **VELAYOS, ANGEL M**  
STREET ADDRESS **LAS PALMAS DE GRAN CANARIA GENERAL BRAVO 3**  
CITY-ST-ZIP **LAS PALMAS SPAIN,**

TITLE **VD** ☐ Delete  
NAME **DEL CARMEN, MARIA**  
STREET ADDRESS **EMETERIO CAUSALVATIERRABIDE 101**  
CITY-ST-ZIP **01004 VICTORIA ALAVA, SPAIN**

TITLE **SD** ☐ Delete  
NAME **RAGEL, MARIA J**  
STREET ADDRESS **GENERAL BRAVO 32 ALTO LAS PALMAS DE GRAN**  
CITY-ST-ZIP **LAS PALMAS SPAIN,**

TITLE **TD** ☐ Delete  
NAME **SOSA, MANUEL J**  
STREET ADDRESS **NICARAGUA 17 GALADAR LAS PALMAS SPAIN**  
CITY-ST-ZIP **LAS PALMAS SPAIN,**

TITLE **D** ☐ Delete  
NAME **DIAZ-BERGUES, GABRIEL**  
STREET ADDRESS **815 NW 57 AVE STE 218**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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

TITLE ☐ Change ☐ Addition  
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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:

**GABRIEL DIAZ-BERGUES**

**4/12/06**

**305-260-7185**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #