## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000007011

Title:

Name:

Address:

City-St-Zip:

Entity Name: ORDEN ROSACRUZ INC.

FILED Apr 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9350 S.W. 88 TERRACE MIAMI, FL 33176 US **Current Mailing Address: New Mailing Address:** 9350 S.W. 88 TERRACE MIAMI, FL 33176 FEI Number: 65-0801390 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAZ-BERGNES, GABRIEL T ESQ. 9350 S.W. 88 TERRACE MIAMI, FL 33176 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VELAYOS, ANGEL M Name: Name: LAS PALMAS DE GRAN CANARIA GENERAL BRAVO 3 Address: Address: City-St-Zip: LAS PALMAS, SP SP City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: SAN EMETERIO, MARIA DEL C Name: Address: 01004 VICTORIA ALAYA Address: City-St-Zip: LAS PALMAS DE GRAN CANARIA, SP. SP. City-St-Zip: Title: () Delete Title: () Change () Addition SUAREZ PADILLA, ELOISA F Name: Name: GENERAL BRAVO 32 ALTO LAS PALMAS DE GRAN Address: Address: City-St-Zip: LAS PALMAS DE GRAN CANARIA, SP SP City-St-Zip: ( ) Delete Title: TD Title: () Change () Addition Name: JIMENEZ SOSA, MANUEL Name: NICARAGUA 17 GALADAR LAS PALMAS SPAIN Address: Address: City-St-Zip: LAS PALMAS DE GRAN CANARIA, SP. SP. 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: GABRIEL DIAZ-BERGNES D 04/30/2009

( ) Delete

DIAZ-BERGNES, GABRIEL T ESQ

9350 S.W. 88 TERRACE

MIAMI, FL 33176 US

() Change () Addition