

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

02-12:2007 90102040 ****61.25

N99000000958

2007 FEB 28 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/06)

DOCUMENT # N99000000958 1. Entity Name ASOCIACION MASONICA BAIRE, INC.					
Principal Place of Business 600 WEST 29TH STREET HIALEAH FL 33010		Mailing Address 600 WEST 29TH STREET HIALEAH FL 33010			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0893937	
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	
CRESPO, LUIS A 600 WEST 29TH STREET HIALEAH FL 33010				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 reissuing) DATE					
FILE NOW: 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	
NAME	DP CRESPO, LUIS A 18901 NW 52 AVENUE CAROL CITY FL 33055	☐ Delete	NAME	DT ERNESTO VALERON 850 S.W. 71 AVE MIAMI, FL 33144	☐ Change ☒ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
NAME	DS HERNANDEZ, FRANCISCO V 521 SW 42 AVENUE #206 MIAMI FL 33134	☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
NAME	DT PASTRANA, EDUARDO 6221 SW 20 TERRACE MIAMI FL 33155	☒ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
NAME		☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
NAME	per conversation with MA Luis A Crespo on 3/1/07 At 4:30 pm. Ernesto Valeron (DT)	☐ Delete	NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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:				01/30/07 303 624-2319	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	