


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000006973	
1. Entity Name ASOCIACION MASONICA HERMANOS DE LA LIBERTAD, INC.	

Principal Place of Business 600 WEST 29TH STREET HIALEAH, FL 33010	Mailing Address 600 WEST 29TH STREET HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE



03312005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0964780	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMIREZ, PEDRO R 600 WEST 29TH STREET HIALEAH, FL 33010

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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 <i>Pedro Ramirez</i>	<i>Pedro Ramirez</i>	03/10/05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

Filing 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, PEDRO P 1000 W 79 STREET HIALEAH, FL 330143588
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLADARES, JOSE 5990 W 18 AVENUE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARA, RUSEN 550 NW LEJEUENE ROAD MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/02/05-80054-004 61.25

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: <i>Ruben Lara</i>	<i>03/28/05</i>	<i>305 443 9353</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>