


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

01-17-2006 90272 036 \*\*\*\*61.25

<b>DOCUMENT # N00627</b>							
1. Entity Name ORDEN CABALLERO DE LA LUZ "LOGIA MIAMI NUMERO 58, INC"							
Principal Place of Business 124 NW 15 AVE. MIAMI, FL 33125		Mailing Address 124 NW 15 AVE. MIAMI, FL 33125					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-2350504			
				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GONZALEZ, JUAN 1730 SW 7TH ST., APT. #1 MIAMI, FL 33135			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ABREU, LUIS		NAME				
STREET ADDRESS	190 SW 13 AVE # 307		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	GONZALEZ, JUAN		NAME				
STREET ADDRESS	1730 S.W. 7TH ST.		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRINGAS, GENOROSO		NAME				
STREET ADDRESS	7240 SW 18TH STREET		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	YUIESKY, CASTRO		NAME				
STREET ADDRESS	3336 SW 22 TERR		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
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 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 titles empowered.							
SIGNATURE: <i>Juan Gonzalez</i>		Juan Gonzalez, Secretary		305-643-2010			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			

40002010



01062006 Chg-NP CR2E037 (11/05)

1-11-06