

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00627

FILED
Feb 10, 2009
Secretary of State

Entity Name: ORDEN CABALLERO DE LA LUZ "LOGIA MIAMI NUMERO 58, INC"

Current Principal Place of Business:

124 NW 15 AVE.
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

124 NW 15 AVE.
MIAMI, FL 33125

New Mailing Address:

FEI Number: 59-2350504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JUAN
1730 SW 7TH ST., APT. #1
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: ABREU, LUIS,
Address: 190 SW 13 AVE # 307
City-St-Zip: MIAMI, FL 33135

Title: SD () Delete
Name: GONZALEZ, JUAN,
Address: 1730 S.W. 7TH ST.
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: BRINGAS, GENOROSO
Address: 7240 SW 18TH STREET
City-St-Zip: MIAMI, FL 33155

Title: PD (X) Delete
Name: YUIESKY, CASTRO
Address: 3336 SW 22 TERR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: GONZALEZ, JUAN,
Address: 1730 S.W. 7TH ST.
City-St-Zip: MIAMI, FL

Title: TD (X) Change () Addition
Name: BRINGAS, GENEROSO
Address: 9950 NW 9TH ST CIRCLE # 102
City-St-Zip: MIAMI, FL 33172

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: JUAN GONZALEZ

PD

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date