

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000000725	
1. Entity Name LUZ EN EL DESIERTO, INC.	

Principal Place of Business 10891 GLADIOLUS DRIVE FT MYERS FL 33908	Mailing Address 10891 GLADIOLUS DRIVE FT MYERS FL 33908
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 52-2309878	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, J GUADALUPE 4796 DUERA MAE DRIVE FT MYERS FL 33908
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 in the following table)
DATE _____ (NOTE: Registered Agent signature is required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	SAUCEDO, ARISTEO H
STREET ADDRESS	15615 HAGEE DRIVE
CITY-STATE-ZIP	FT MYERS FL 33908
TITLE	DV
NAME	SAUCEDO, MARIA E
STREET ADDRESS	15615 HAGEE DRIVE
CITY-STATE-ZIP	FT MYERS FL 33908
TITLE	DS
NAME	GARCIA, ELBA I
STREET ADDRESS	4796 DUERA MAE DRIVE
CITY-STATE-ZIP	FT MYERS FL 33908
TITLE	ST
NAME	GARCIA, J GAUDALUPE
STREET ADDRESS	4796 DUERA MAE DRIVE
CITY-STATE-ZIP	FT MYERS FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-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:  **2-27-2008 (239) 432-2870**