

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

04-15-2004 90003 041 ****61.25

N02000009030


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04 APR 23 AM 9:10

REINSTATEMENT 03-04

03/25/04 90034 015 \$61.25

MOORE CR2E037 (11/03)

DOCUMENT # N02000009030 1. Entity Name LOGIA GIRON No. 315 ORDEN CABALLERO DE LA LUZ, Inc.			
Principal Place of Business 710 Palm Ave. Hialeah, Fl., 33010		Mailing Address 220 NW 58 Ave. Miami, Fl., 33126	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
4. FEI Number 01-0755213		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 Gonzalez, Librado 220 NW 58 Ave. Miami, Fl., 33126		7. Name and Address of New Registered Agent 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>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NAME STREET ADDRESS CITY- ST- ZIP D Perez, Josey 721 NW 17 Place Miami, Fl., 33125	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP P/D Gonzalez, Rogelio 2729 W 71 Place Hialeah, Fl., 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP D Hernandez, Rinaldo 621 SE 8 St. Hialeah, Fl., 33010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP S/D Naranjo, Luis M. 9145 NW 36 Ave. Miami, Fl., 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP D Gonzalez, Librado 220 NW 58 Ave. Miami, Fl., 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Librado Gonzalez</u>		Librado Gonzalez, Treasurer 3-17-04 261-7742	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Date Printed Thereof</small>	