


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2005 08:00 AM
Secretary of State

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 P.O. BOX 111875 HIALEAH FL 33010
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
NARANJO, LUIS M 9145 NW 36 AVENUE MIAMI FL 33147		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code



1st MOORE CR2E037 (10/04)

4. FEI Number **01-0755213** Applied For Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD NARANJO, LUIS M	TITLE	
NAME		NAME	
STREET ADDRESS	710 PALM AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	T SANCHEZ, JORGE	TITLE	
NAME		NAME	
STREET ADDRESS	710 PALM AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
S	ORTIZ, LUIS W	S	
NAME		NAME	
STREET ADDRESS	710 PALM AVE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

00000255018
03/07/05-80097-008 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)(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: Luis M. Naranjo **LUIS M. NARANJO (PH 305) 2/9/05 305-691-8050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone if