


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

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N02000009030</b><br>1. Entity Name<br>LOGIA GIRON NO. 315 ORDEN CABALLERO DE LA LUZ, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>600 W 29TH ST.<br>HIALEAH FL 33010 | Mailing Address<br>600 W 29TH ST.<br>HIALEAH FL 33010 |
|---|---|



1st MOORE CR2E037 (10/07)

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>01-0755213</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>NARANJO, LUIS M</b><br><b>9145 NW 36 AVENUE</b><br><b>MIAMI FL 33147</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <span style="font-size: 1.2em;">FL</span>    Zip Code                 </div> |
|--|--|

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 \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

|  |   |   |
|--|---|---|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to:</b><br><b>Florida Department of State</b> |
|--|---|---|

| 10. OFFICERS AND DIRECTORS |  |
|----------------------------|--|
| TITLE                      | PD<br><b>WONG, LUIS</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>495 WEST 12 ST #12A</b><br>CITY-ST-ZIP<br><b>HIALEAH FL 33010</b>              |
| TITLE                      | VPD<br><b>GONZALEZ, LIBRADO</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>220 NW 58TH AVE.</b><br>CITY-ST-ZIP<br><b>MIAMI FL 33126</b>           |
| TITLE                      | S<br><b>NARANJO, LUIS M</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>9145 NW 36TH AVE.</b><br>CITY-ST-ZIP<br><b>MIAMI FL 33147</b>              |
| TITLE                      | T<br><b>SANCHEZ, JORGE</b> <input type="checkbox"/> Delete<br>STREET ADDRESS<br><b>8520 NW 139 TERRACE #1609</b><br>CITY-ST-ZIP<br><b>MIAMI LAKES FL 33016</b> |
| TITLE                      | <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |
| TITLE                      | <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><div style="text-align: center; font-size: 0.8em;">                         U00000868780<br/>                         04/09/08-80023-019 61.25                     </div> |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-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: Jorge Sanchez, T 3-18-08 305-557-1115