



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

02-10-2004 90031 038 ****61.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04072					
1. Entity Name FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLERO DE LA LUZ, INC.					
Principal Place of Business 124 NW 15TH AVE MIAMI FL 33125-5513 US		Mailing Address 124 NW 15TH AVE MIAMI FL 33125-5513 US		 MOORE CR2E037 (11/03)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2424591				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JUAN R. 1781 NW 16TH TERRACE MIAMI FL 33125			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	PPD QUIROS, MIRIAM E	<input checked="" type="checkbox"/> Delete	TITLE	Luis Rodriguez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	444 S.W. 64 COURT		STREET ADDRESS	152 SW 30 CT	
CITY-ST-ZIP	MIAMI FL 33144		CITY-ST-ZIP	Miami, FL 33135	
TITLE	PD RODRIGUEZ, LUIS	<input checked="" type="checkbox"/> Delete	TITLE	Jorge Portuondo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	152 S.W. 30TH COURT		STREET ADDRESS	124 NW 15 Ave	
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP	Mia, FL 33125-5513	
TITLE	SD PORTUNONDO, JORGE	<input checked="" type="checkbox"/> Delete	TITLE	Agustin Blanco	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	124 N.W. 15 AVENUE		STREET ADDRESS	6945 West 2 CT	
CITY-ST-ZIP	MIAMI FL 33125-5513		CITY-ST-ZIP	Mia FL 33014	
TITLE	TD PASTOR, ADALBERTO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3543 S.W. 13 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33145		CITY-ST-ZIP		
TITLE	VPD QUEVEDO, RAFAEL	<input checked="" type="checkbox"/> Delete	TITLE	Sanjalo Vicente	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	651 SE 8 STREET		STREET ADDRESS	12062 NW 14 CT	
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP	Pembroke Pines, FL, 33026	
TITLE	CD MARTINEZ, ANGEL J	<input checked="" type="checkbox"/> Delete	TITLE	Augusto Fina	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	650 SW 7 PL.		STREET ADDRESS	120 SW 67 CT	
CITY-ST-ZIP	HIALEAH FL 33010		CITY-ST-ZIP	Miami, FL 33144	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> President Jorge Portuondo			Date: 30J Daytime Phone #: 642-4339		