


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

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04072</b> 1. Entity Name <b>FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLERO DE LA LUZ, INC.</b>	
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Principal Place of Business <b>124 NW 15TH AVE MIAMI FL 33125-5513 US</b>	Mailing Address <b>124 NW 15TH AVE MIAMI FL 33125-5513 US</b>
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1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>59-2424591</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>GONZALEZ, JUAN R 1781 NW 16TH TERRACE MIAMI FL 33125</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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**B.** 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PPD <b>BARRIOS, EPIFANIO</b> <input type="checkbox"/> Delete <b>246 NW 29TH AVE. CAPE CORAL FL 33993</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000858632 04/01/08-80053-020 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FINA, AUGUSTO</b> <input type="checkbox"/> Delete <b>5201 NW 7TH ST. # 403W MIAMI FL 33126</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PEREZ, NERIDA</b> <input type="checkbox"/> Delete <b>10745 SW 32ND ST MIAMI FL 33165</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PASTOR, ADALBERTO</b> <input type="checkbox"/> Delete <b>3543 SW 13TH TERRACE MIAMI FL 33145</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>QUIROS, MIRIAM E</b> <input type="checkbox"/> Delete <b>444 SW 64TH CT MIAMI FL 33144</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <b>DIAZ, ZOA E</b> <input type="checkbox"/> Delete <b>274 NW 40TH CT MIAMI FL 33126</b>	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 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: *Nerida Perez, Nerida Perez SD 3-11-08 205-643-2010*