


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

01-17-2006 90272 037 ****61.25

DOCUMENT # N46192			
1. Entity Name LUZ Y VERDAD MAGAZINE INC.			
Principal Place of Business 124 NW 15 AVE MIAMI, FL 33125 US		Mailing Address 124 NW 15 AVE MIAMI, FL 33125 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
QUIROS, MIRIAM E. 444 SW 64 CT. MIAMI, FL 33144		Name: <u>JORGE PORTUONDO</u> Street Address (P.O. Box Number is Not Acceptable): <u>124 NW 15 AVE.</u> City: <u>MIAMI</u> FL Zip Code: <u>33125</u>	
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: <u>REGISTERED AGENT JORGE PORTUONDO</u>		DATE: <u>2-23-06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		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	DVP <input type="checkbox"/> Delete	TITLE	PRESIDENT D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTUONDO, JORGE	NAME	PORTUONDO, JORGE
STREET ADDRESS	124 NW 15 AVE	STREET ADDRESS	124 NW 15 AVE. MIA. FL. 33125
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	MIAMI, FL 33125
TITLE	DS <input type="checkbox"/> Delete	TITLE	VICE PRESIDENT D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, MIRIAM E.	NAME	QUIROS, MIRIAM E.
STREET ADDRESS	444 SW 64 CT.	STREET ADDRESS	444 SW 64 CT. MIA. M FL. 33144
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	MIAMI, FL 33144
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	Jana, Alberto C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JORGE	NAME	Jana, Alberto C.
STREET ADDRESS	8520 NW 139 TERR #1609	STREET ADDRESS	6780 W 2 CT #315
CITY-ST-ZIP	HIALEAH, FL 33016	CITY-ST-ZIP	Hialeah, FL 33012
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	AGUAYO, HUMBERTO SECRETARY D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAYO, HUMBERTO	NAME	AGUAYO, HUMBERTO
STREET ADDRESS	1764 SW 17 ST	STREET ADDRESS	1764 SW 17 ST MIA, FL. 33145
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	MIAMI, FL 33145
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Jorge Portuondo</u>		DATE: <u>2-23-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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01062006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2424591 Applied For Not Applicable

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

2-23-06 *Jorge Portuondo*



ATTACHMENT

66603402

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

LUZ Y VERDAD MAGAZINE INC.
124 NW 15 AVE
MIAMI, FL 33125 US

Subject: LUZ Y VERDAD MAGAZINE INC.

Reference Number:

N46192

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION