

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

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90008 009 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-2424591

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTUONDO, JORGE
124 NORTHWEST 15 AVENUE
MIAMI FL 33125

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PORTUONDO, JORGE | |
| STREET ADDRESS | 124 NW 15 AVE | |
| CITY-ST-ZIP | MIAMI FL 33125 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | QUIROS, MIRIAM E. | |
| STREET ADDRESS | 444 SW 64 CT. | |
| CITY-ST-ZIP | MIAMI FL 33144 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | JAN@, ALBERT C | |
| STREET ADDRESS | 6780 WEST E COURT SUITE 315 | |
| CITY-ST-ZIP | HIALEAH FL 33012 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | AGUAYO, HUMBERTO | |
| STREET ADDRESS | 1764 SW 17 ST | |
| CITY-ST-ZIP | MIAMI FL 33145 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sanchez, Jorge | |
| STREET ADDRESS | 8520 NW 139 Terr # 1609 | |
| CITY-ST-ZIP | Miami Lakes, Fl., 33016 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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: Portuondo Jorge Portuondo PD 3-11-08 305-642-4387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #