


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

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N48625</b> 1. Entity Name <b>LICEO LA LUZ, INC.</b>		
Principal Place of Business <b>124 NW 15 AVE. MIAMI FL 33125</b>		Mailing Address <b>124 NW 15 AVE. MIAMI FL 33125</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip



MOORE CR2E037 (11/03)

4. FEI Number <b>65-0343801</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, LUIS 10155 NW 9 ST CIR #501 MIAMI FL 33172</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>		

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.

**\$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 NAME	<input type="checkbox"/> Delete <b>DIAZ TALAVERA, MARIO</b> 140 NW 32 AVE MIAMI MIAMI FL 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000025365</b> <b>02/02/04-80126-025 61.25</b>	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME	<input type="checkbox"/> Delete <b>PORTUONDO, JORGE</b> 124 NW 15 AVE. MIAMI FL 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME	<input type="checkbox"/> Delete <b>MEDINA, MANUEL</b> 560 N.W. 59TH AVE. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME	<input type="checkbox"/> Delete <b>PASTOR, ADALBERTO</b> 3543 SW 13 TERRACE MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME	<input type="checkbox"/> Delete <b>QUIROS, MIRIAM</b> 444 SW 64TH CT MIAMI FL 33144	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY - ST - ZIP			

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: *Jorge Portuondo* Secretary 1-28-04 642-4337