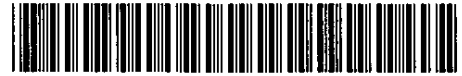


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90048 020 \*\*\*\*61.25

**50016481**



1st MOORE CR2E037 (10/04)

<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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0343801</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>HERNANDEZ, LUIS</b> <b>10155 NW 9 ST CIR #501</b> <b>MIAMI FL 33172</b>		Name _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City _____ <b>FL</b> 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 \_\_\_\_\_ 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</b> <b>Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5,000.00</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	D	<input checked="" type="checkbox"/> Delete	TITLE	Gonzalez, Juan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ TALAVERA, MARIO		NAME	1730 SW 7 St. # 1	
STREET ADDRESS	140 NW 32 AVE MIAMI		STREET ADDRESS	Miami, Fl., 33135	
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTUONDO, JORGE		NAME		
STREET ADDRESS	124 NW 15 AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33125		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Vicente, Gonzalo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDINA, MANUEL		NAME	11262 NW 14 Ct.	
STREET ADDRESS	560 N.W. 59TH AVE.		STREET ADDRESS	Pembroke Pines, Fl.. 33026	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR, ADALBERTO		NAME		
STREET ADDRESS	3543 SW 13 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, MIRIAM		NAME		
STREET ADDRESS	444 SW 64TH CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		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 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** *2-16-05* **305-642-4337**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #