


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

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N48625 1. Entity Name LICEO LA LUZ, INC.	
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Principal Place of Business 124 NW 15 AVE. MIAMI FL 33125	Mailing Address 124 NW 15 AVE. MIAMI FL 33125
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent FINN, AUGUSTA 5201 NW 7 ST 403 N MIAMI FL 33136	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-0343801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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, 2008	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D GONZALEZ, JUAN	<input type="checkbox"/>
NAME	1730 SW 7 ST #1	
STREET ADDRESS	MIAMI FL 33125	
CITY-ST-ZIP		
TITLE	D PORTUONDO, JORGE	<input type="checkbox"/>
NAME	124 NW 15 AVE.	
STREET ADDRESS	MIAMI FL 33125	
CITY-ST-ZIP		
TITLE	D VICENTE, GONZALO	<input type="checkbox"/>
NAME	11262 NW 14 CT	
STREET ADDRESS	PEMBROKE PINES FL 33026	
CITY-ST-ZIP		
TITLE	D PASTOR, ADALBERTO	<input type="checkbox"/>
NAME	3543 SW 13 TERRACE	
STREET ADDRESS	MIAMI FL	
CITY-ST-ZIP		
TITLE	D QUIROS, MIRIAM	<input type="checkbox"/>
NAME	444 SW 64TH CT	
STREET ADDRESS	MIAMI FL 33144	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000851171		
NAME	03/25/08-80028-004 61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Jorge Portuondo, Secretary *[Signature]* 3-4-08
305-242-4337