


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

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 707132</b> 1. Entity Name ORDEN CABALLERO DE LA LUZ	
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Principal Place of Business 1701 N.W. 17TH AVENUE MIAMI FL 33125 US	Mailing Address 127 PRESERVE DR ROYAL PALM BEACH FL 33411
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>95-4051971</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SOBRINO, ENRIQUE A. 127 PRESERVE DRIVE ROYAL PALM BEACH FL 33411	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD HERNANDEZ, RADAMES <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	29642 NO FLORABUNDA RD	NAME	UG0000043021
CITY-ST-ZIP	CANYON COUNTRY CA 91351	STREET ADDRESS	02/10/04-80049-002 61.25
CITY-ST-ZIP	CANYON COUNTRY CA 91351	CITY-ST-ZIP	
TITLE	SD NERNANDEZ, NANCY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	29642 NO FLORABUNDA RD	NAME	
CITY-ST-ZIP	CANYON COUNTRY CA 91351	STREET ADDRESS	
CITY-ST-ZIP	CANYON COUNTRY CA 91351	CITY-ST-ZIP	
TITLE	TD LOPEZ, TERESA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8636 BOYSON ST	NAME	
CITY-ST-ZIP	DOWNEY CA 90242	STREET ADDRESS	
CITY-ST-ZIP	DOWNEY CA 90242	CITY-ST-ZIP	
TITLE	D LOPEZ, MIGUEL A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8636 BOYSON ST	NAME	
CITY-ST-ZIP	DOWNEY CA 90242	STREET ADDRESS	
CITY-ST-ZIP	DOWNEY CA 90242	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		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 *Radames Hernandez* 2-4-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #