


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90069 005 ****61.25

DOCUMENT # 707132			
1. Entity Name ORDEN CABALLERO DE LA LUZ			
Principal Place of Business 1701 N.W. 17TH AVENUE MIAMI, FL 33125 US		Mailing Address 127 PRESERVE DR ROYAL PALM BEACH, FL 33411	
2. Principal Place of Business 11945 S.W. 37th ST		3. Mailing Address	
Suite, Apt. #, etc. MIAMI, Florida		Suite, Apt. #, etc.	
City & State 93175		City & State	
Zip 93175	Country	Zip	Country
8. Name and Address of Current Registered Agent SOBRINO, ENRIQUE A. 127 PRESERVE DRIVE ROYAL PALM BEACH, FL 33411		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <u>ENRIQUE A. SOBRINO</u>		SIGNATURE <u>[Signature]</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE <u>JANUARY 10, 2005</u>		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, RADAMES 29642 NO FLORABUNDA RD CANYON COUNTRY, CA 91351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maria Zamora 11945 S.W. 37th St. Miami, Fl 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NERNANDEZ, NANCY 29642 NO FLORABUNDA RD CANYON COUNTRY, CA 91351 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jose Infante 487 East 7 St. Hialeah, Fl 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOPEZ, TERESA 8636 BOYSON ST DOWNEY, CA 90242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rolando Garcia Turino 1041 N.W. 32nd. Place Miami, Fl 33125 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, MIGUEL A 8636 BOYSON ST DOWNEY, CA 90242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Juan J. Lopez 1850 S.W. 122nd. Ave. Apt. 310 Miami, Fl 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Maria Zamora (MARIA ZAMORA)</u>		Date <u>1-23-05</u> (305) 226-2300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	