

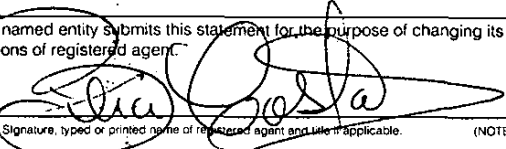
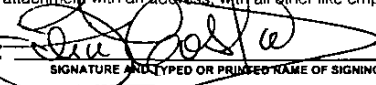


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 013 ****70.00

DOCUMENT # 756713 1. Entity Name GRAN LOGIA DE LA FLORIDA, ORDEN CABALLERO DE LA LUZ, INC.					
Principal Place of Business 1701-1703 N.W. 17TH AVENUE MIAMI, FL 33125			Mailing Address 1701-1703 N.W. 17TH AVENUE MIAMI, FL 33125		
2. Principal Place of Business 1701-1703 N.W. 17 AVE		3. Mailing Address SAME			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		07272006 Chg-NP CR2E037 (4/06)	
City & State MIAMI - FL		City & State 		4. FEI Number 59-1577006	
Zip 33125		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMIREZ, ALBERTO J 1701 NORTHWEST 17 AVENUE MIAMI, FL 33125 <div style="position: absolute; top: 40px; left: 250px; font-size: 2em; transform: rotate(-15deg); opacity: 0.5;">DELETE</div>				7. Name and Address of New Registered Agent Name Zilia Costa Street Address (P.O. Box Number is Not Acceptable) 1701 N.W. 17 AVE. City MIAMI FL 33125	
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  Zilia Costa - SECRETARY 8/1/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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 MORA, ORLANDO C 529 SOUTHWEST 4 STREET #103 MIAMI, FL 33130	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREDESVIDA RODRIGUEZ 1701 N.W. 17 AVE MIAMI, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NARANJO, ELADIO 901 OMAR RD WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSE INFANTE 1701 N.W. 17 AVE. MIAMI, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAMIREZ, ALBERTO J 1601 NORTHWEST 36 AVENUE MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. ZILIA COSTA 1701 N.W. 17 AVE. MIAMI, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORDOVA, SILVIO 3471 SOUTHWEST 8 STREET MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANK DIAZ 1701 N.W. 17 AVE. MIAMI, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, OLGA N 1601 NORTHWEST 36 AVENUE MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TURINO, SILDA GARCIA 1041 NORTHWEST 32 PLACE MIAMI, FL 33125	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Zilia Costa - SECRETARY 8/1/06 324-0575 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



ATTACHMENT

50023988

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2006

GRAN LOGIA DE LA FLORIDA, ORDEN CABALLERO DE LA LUZ, IN
~~1701-1703 N.W. 17TH AVENUE~~
MIAMI, FL 33125

SUBJECT: GRAN LOGIA DE LA FLORIDA, ORDEN CABALLERO DE LA LUZ,
INC.

Ref. Number: 756713

We have received your check(s) totaling \$70.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER
Clerk

Letter Number: 706A00047528

8/1/06 Returned with
Corrected Information

Thank You

See
Attached

Secretary