2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2008 8:00 am Secretary of State

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1. Entity Nam	ne	#758518 ORDEN CABALL	ERO D	E LA LUZ, INC				~ :		-	020 ****61	
Principal Place of Business 11945 S.W. 37 STREET MIAMI, FL 33175			119	Mailing Address 11945 S.W. 37 STREET MIAMI, FL 33175				4004	4201			
2. Principal P	Place of Busine	ess - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02142008	Chg-NP	CR2E	(12/06)	
City & State			City & State					4. FEI Number 59-2458			—————	plied For t Applicable
Zip	Zip Country			p	Cou	intry			f Status Desired		\$8.75 Add	litional
	6. Name a	and Address of Current	Register	ed Agent				7. Name and A	ddress of New	Registere	d Agent	
						Name						
ZAMORA, MARIA 11945 S.W. 37 STREET MIAMI, FL 33175						Street Add	dress (F	P.O. Box Number	is Not Accepta	ble)		
						City				F	L Zip Code	<u> </u>
	named entity	submits this statement for	or the purp	ose of changing its	registere	ed office or re	register	ed agent, or both	, in the State of	Florida. I a	m familiar with,	and accept
;												
CICNATURE												
SIGNATURE .	Signature, typed o	r printed name of registered agen	t and title if ap	plicable. (NOTE	: Registere	d Agent signature	е гедине	when reinstating)		DAT	E	
SIGNATURE .	Filing Fee	r grinted name of registered agen is \$61.25 ay 1, 2008	t and title if ap	9. Election Cam Trust Fund C	npaign F	inancing		when reinstating) \$5.00 May Be Added to Fees	FI	Make cho	eck payable to artment of St	
SIGNATURE .	Filing Fee	is \$61.25		9. Election Cam Trust Fund C	npaign F	inancing]	\$5.00 May Be	FI	Make che	ack payable to artment of St	:ate
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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.

CITY-ST-ZIP

SIGNATURE: _

REINEL ZAMORA LOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Farmer 3-10-08 3052262300