


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000006533</b>		
1. Entity Name <b>LUZ A LAS NACIONES INC.</b>		
Principal Place of Business <b>7522 SW 135TH PLACE MIAMI, FL 33183</b>	Mailing Address <b>7522 SW 135TH PLACE MIAMI, FL 33183</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BACALLAO, MANUEL J 7522 SW 135TH PLACE MIAMI, FL 33183</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing 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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BACALLAO, MANUEL J 7522 SW 135TH PLACE MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BACALLAO, YOLANDA 7522 SW 135TH PLACE MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BACALLAO, RAUL 7522 SW 135TH PLACE MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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: <u>Manuel Bacallao</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/14/04</u> (305) 385-9104 <small>Date Daytime Phone #</small>



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-1061729</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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01/22/04-80003-023 61.25

**DO NOT WRITE  
IN THIS SPACE**