


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N00627</b> 1. Entity Name <b>ORDEN CABALLERO DE LA LUZ "LOGIA MIAMI NUMERO 58, INC"</b>	
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Principal Place of Business <b>124 NW 15 AVE. MIAMI FL 33125</b>	Mailing Address <b>124 NW 15 AVE. MIAMI FL 33125</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>59-2350504</b>	Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  <b>GONZALEZ, JUAN 1730 SW 7TH ST., APT. #1 MIAMI FL 33135</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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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 \_\_\_\_\_

(NOTE: Registered Agent signature is required with filing)

FILE NOW - FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VD ABREU, LUIS <input type="checkbox"/> Delete
NAME	190 SW 13 AVE # 307
STREET ADDRESS	MIAMI FL 33135
CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete
NAME	GONZALEZ, JUAN
STREET ADDRESS	1730 S.W. 7TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> Delete
NAME	BRINGAS, GENOROSO
STREET ADDRESS	7240 SW 18TH STREET
CITY-ST-ZIP	MIAMI FL 33155
TITLE	PD <input type="checkbox"/> Delete
NAME	YUIESKY, CASTRO
STREET ADDRESS	3336 SW 22 TERR
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1100000852763
STREET ADDRESS	03/26/08-80035-016 61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Juan Gonzalez* Juan Gonzalez Sec D. 3.7.08 643-2010