

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90053 045 ****61.25

DOCUMENT # N00919 1. Entity Name ORDEN CABALLERO DE LA LUZ, "LOGIA REGRESO A CUBA NUMERO 334, INC					
Principal Place of Business 124 NW 15 AVE. MIAMI FL 33125 US		Mailing Address 124 NW 15 AVE. MIAMI FL 33125 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2361403	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, CONSTANTINO 43 NW 65 AVE MIAMI FL 33126				7. Name and Address of New Registered Agent Name Portuondo, Jorge Eduardo Street Address (P.O. Box Number is Not Acceptable) 124 NW 15 Ave # A City Miami FL Zip Code 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 Jorge E. Portuondo <i>Jorge Portuondo</i> DATE 2-10-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 MACIAS, NICOLAS 1910 SW 92N AVE MIAMI FL 33165	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Invernio, Celedonio 493 E 30th St #1 Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERREIRO, RAMON 15102 SW 148 AVE MIAMI FL 33196	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Padilla, Florentino 1919 NW 15 Ave # 908 Miami, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTUONDO, JORGE 124 NW 15 AVE MIAMI FL 33125-5513	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PASTOR, ADALBERTO 3541 SW 13 TERRACE MIAMI FL 33145	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PADILLA, FLORENTINO 1919 NW 15 AVE #908 MIAMI FL 33125	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olavarreta, Rene 2534 SW 35th Miami, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDILLO, ROLONDO 2940 NW 18 AVE MIAMI FL 33132	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Jorge Portuondo Secretary <i>Jorge Portuondo</i> DATE 2-8-04 305 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					