


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90241 002 ****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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PORUONDO, JORGE EDUARH 124 NW 15 AVE #A MIAMI, FL 33135				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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>					
-Filing Fee is \$61.25 Due by May 1, 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	PD		TITLE	Ortega, Yael	
NAME	GOMEZ MACHIN, MARIO		NAME	20496 SW 192 St	
STREET ADDRESS	580 E 37TH ST		STREET ADDRESS	Miami, FL 33187	
CITY-ST-ZIP	HIALEAH, FL 33013		CITY-ST-ZIP		
TITLE	VPD		TITLE		
NAME	PADELLA, FLIVENTIRO		NAME		
STREET ADDRESS	1919 NW 15 AVE #908		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33125		CITY-ST-ZIP		
TITLE	SD		TITLE		
NAME	PORTUONDO, JORGE		NAME		
STREET ADDRESS	124 NW 15 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331255513		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	PASTOR, ADALBERTO		NAME		
STREET ADDRESS	3541 SW 13 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE	CD		TITLE		
NAME	OLAVAVRRETA, RENE		NAME		
STREET ADDRESS	2534 SW 3 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	GORDILLO, ROLONDO		NAME		
STREET ADDRESS	2940 NW 18 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP		
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: <i>Jorge Portuondo</i> 50 1-11-06 305-642-4337					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					