
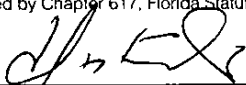


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90040 008 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01222007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2361403	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORUONDO, JORGE EDUARH 124 NW 15 AVE #A MIAMI, FL 33135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA, NOEL 20490 SW 196TH ST MIAMI, FL 33187	<input checked="" type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	TROYANO, JOSE O. 1620 SW 2nd St. # 2 Miami, Fl., 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PADELLA, FLIVENTIRO 1919 NW 15 AVE #908 MIAMI, FL 33125	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PORTUONDO, JORGE 124 NW 15 AVE MIAMI, FL 331255513	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PASTOR, ADALBERTO 3541 SW 13 TERRACE MIAMI, FL 33145	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OLAVAVRRETA, RENE 2534 SW 3 ST MIAMI, FL 33135	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDILLO, ROLONDO 2940 NW 18 AVE MIAMI, FL 33132	<input checked="" type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	MORALES, CARLOS 426 NW 57th Ct. Miami, Fl., 33126
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: Jorge Portuondo, Secretary 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					