


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000004592</b> 1. Entity Name IGLESIA "FARO DE LUZ", INC.	
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Principal Place of Business  
13542 SUMMERTON DR  
ORLANDO, FL 32824

Mailing Address  
13542 SUMMERTON DR  
ORLANDO, FL 32824

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 06-1639111	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

ARES, PETRIN  
13542 SUMMERTON DRIVE  
ORLANDO, FL 32824

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARES, PETRIN 13542 SUMMERTON DR ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARES, EUSTAQUIO 13542 SUMMERTON DR ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELAZQUEZ, ALICIA 9819 6TH AVE ORLANDO, FL 32824
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORALES, CARMEN 204A EDEN LANE KISSIMMEE, FL 34743
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COLLAZO, ANGEL A 204A EDEN LANE KISSIMMEE, FL 34743
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x Petrin Ares*  
Date **1/21/05**

Daytime Phone #