



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90021 011 \*\*\*\*61.25

<b>DOCUMENT # N02000004592</b> 1. Entity Name IGLESIA "FARO DE LUZ", INC.					
Principal Place of Business 13542 SUMMERTON DR ORLANDO, FL 32824			Mailing Address 13542 SUMMERTON DR ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box # <b>IGLESIA "FARO DE LUZ", INC.</b> Suite, Apt. #, etc. <b>13542 SUMMERTON DR.</b> City & State <b>ORLANDO, FL. 32824</b> Zip <b>ORANGE</b>		3. Mailing Address <b>13542 SUMMERTON DR.</b> Suite, Apt. #, etc. <b>ORLANDO, FL. 32824</b> City & State <b>ORANGE</b> Zip <b>ORANGE</b>			
4. FEI Number <b>06-1639111</b>		03122008 Chg-NP		CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ARES, PETRIN</b> <b>13542 SUMMERTON DRIVE</b> <b>ORLANDO, FL 32824</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>ARES, PETRIN</b> <b>13542 SUMMERTON DR</b> <b>ORLANDO, FL 32824</b> <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	DV <b>ARES, EUSTAQUIO</b> <b>13542 SUMMERTON DR</b> <b>ORLANDO, FL 32824</b> <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 <b>VELAZQUEZ, ALICIA</b> <b>9819 6TH AVE</b> <b>ORLANDO, FL 32824</b> <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	DS <b>MORALES, CARMEN</b> <b>204A EDEN LANE</b> <b>KISSIMMEE, FL 34743</b> <input checked="" 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	DT <b>COLLAZO, ANGEL A</b> <b>204A EDEN LANE</b> <b>KISSIMMEE, FL 34743</b> <input checked="" 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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <i>Petrin Ares</i> PETRIN ARES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/21/08 (407)218-1598</b> <small>Date Daytime Phone #</small>		