

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N02294

1. Entity Name
**ORDEN CABALLERO DE LA LUZ, LOGIA "ORTELIO
BARROSO NUMERO 332, INC."**



Principal Place of Business
**600 WEST 29 STREET
HIALEAH, FL 33012**

Mailing Address
**3469 WEST 14 LANE
HIALEAH, FL 33012**



04222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2406076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHACON, ADALBERTO
3469 WEST 14 LANE
HIALEAH, FL 33012**

**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 *Adalberto Chacon* *Adalberto Chacon* *4-23-07*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

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	PD MIRANDA, DIONISIO R. 6680 W 2 CT APT 106 HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, EDDY 576 62 STREET HIALEAH, FL 33013
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHACON, ADALBERTO 3469 W. 14 LANE HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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05/02/07-80115-018 61.25

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: *DIONISIO MIRANDA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] *4/27/07*
Date Daytime Phone #