

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02294

FILED  
Apr 04, 2008  
Secretary of State

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

**Current Principal Place of Business:**

600 WEST 29 STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

3469 WEST 14 LANE  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 59-2406076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIRANDA, DIONISIO R.  
Address: 6680 W 2 CT APT 106  
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete  
Name: DEL CERRO, ADALBERTO  
Address: 1765 W 42ND PL # 403  
City-St-Zip: HIALEAH, FL 33012

Title: TD ( ) Delete  
Name: CHACON, ADALBERTO  
Address: 3469 W. 14 LANE  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADALBERTO CHACON

TD

04/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date