2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N02294

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: MIRANDA, DIONISIO R
Address: 8824 NW 118TH ST
City-St-Zip: MIAMI LAKES, FL 33018

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

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

Title: PD ( ) Change (X) Addition
Name: CREO, PEDRO J
Address: 4240 WEST 10TH CT
City-St-Zip: HIALEAH, FL 33012

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 02/10/2009

Electronic Signature of Signing Officer or Director — Date