

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004460

FILED
Apr 16, 2006
Secretary of State

Entity Name: LUZ PARA LAS NACIONES COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1921 SW 9TH STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

1921 SW 9TH STREET
MIAMI, FL 33135

New Mailing Address:

FEI Number: 20-1458458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, GRACE DR.
3400 SW 27TH AVENUE #607
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

SALAZAR, GRACE DR.
1921 S.W. 9 ST.
MIAMI, FL 33135 US

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:

04/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SALAZAR, GRACE DR.
Address: 3400 SW 27TH AVENUE #607
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: BYNG, TANYA
Address: 2300 SW 1ST STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: NOVELO, NICK
Address: 4777 CEDAR SPRINGS #4C
City-St-Zip: DALLAS, TX 75219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SALAZAR, GRACE DR.
Address: 1921 SW 9 ST
City-St-Zip: MIAMI, FL 33135

Title: D (X) Change () Addition
Name: RODRIGUEZ, NIVIA
Address: 2742 SW 28 AVE.
City-St-Zip: MIAMI, FL 33133

Title: D (X) Change () Addition
Name: NOVELO, NICK
Address: 4606 CEDAR SPRINGS #1133
City-St-Zip: DALLAS, TX 75219

I hereby certify that the information supplied with this filing does not qualify for the 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: GRACE SALAZAR

DR.

04/16/2006

Electronic Signature of Signing Officer or Director

Date