

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90236 047 ****61.25

DOCUMENT # N04000010149					
1. Entity Name LOGIA DE LUMINARES PASADOS ANTONIO GONZALEZ COROMINA #58, INC.					
Principal Place of Business 600 W 29 ST HIALEAH, FL 33010			Mailing Address 600 W 29 ST HIALEAH, FL 33010		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-2684944	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MONROY, ENRIQUE M 1950 W 54TH STREET APT 112 HIALEAH, FL 33012			Name RODRIGUEZ, EDDY Street Address (P.O. Box Number is Not Acceptable) 576 E 62 ST. City HIALEAH FL Zip Code 33013		
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		EDDY RODRIGUEZ		1-11-06	
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME PORFIRIO, PADRON	<input checked="" type="checkbox"/> Delete		TITLE 	NAME RODRIGUEZ, EDDY
STREET ADDRESS 840 W 36 ST.	CITY-ST-ZIP HIALEAH, FL 33012		STREET ADDRESS 576 E 62 ST.	CITY-ST-ZIP HIALEAH, FL 33013	
TITLE D	NAME MONROY, ENRIQUE M	<input checked="" type="checkbox"/> Delete		TITLE 	NAME HERNANDEZ, RINALDO
STREET ADDRESS 1950 W 54 ST APT 40B	CITY-ST-ZIP HIALEAH, FL 33012		STREET ADDRESS 1470 WEST 44 PLACE	CITY-ST-ZIP HIALEAH, FL 33012	
TITLE D	NAME VALDES, RIGOBERTO	<input checked="" type="checkbox"/> Delete		TITLE 	NAME CHACON, ADALBERTO
STREET ADDRESS 4520 NW 176TH STREET	CITY-ST-ZIP OPA LOCKA, FL 33055		STREET ADDRESS 3469 W 14 LANE	CITY-ST-ZIP HIALEAH, FL 33010	
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: EDDY RODRIGUEZ PD				1-11-06 305-7696911	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

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