2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N04000010149

Entity Name: LOGIA DE LUMINARES PASADOS ANTONIO GONZALEZ COROMINA #58, INC.

Current Principal Place of Business:

3469 W 14TH LANE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

3469 W 14TH LANE
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 58-2684944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PORTUONDO, JORGE
124 NW 15TH AVE.
MIAMI, FL 33125 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: P ( ) Delete
Name: NARANJO, LUIS M
Address: 9145 NW 36TH AVE.
City-St-Zip: MIAMI, FL 33147

Title: VP ( ) Delete
Name: DE ARMAS, FLORENCIO
Address: 680 E 14TH PLACE
City-St-Zip: HIALEAH, FL 33010

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

Title: S ( ) Delete
Name: WONG, LUIS R
Address: 495 W 12TH ST. APT. # 12A
City-St-Zip: HIALEAH, FL 33018

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:

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 T 02/13/2009

Electronic Signature of Signing Officer or Director — Date