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Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90045 034 ****61 25

DOCUMENT # N04072				Secretary of State 02-15-2007 90045 034 ****61.25	
1. Entity Name FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLERO DE LA LUZ, INC.		Principal Place of Business 124 NW 15TH AVE MIAMI, FL 33125-5513 US		Mailing Address 124 NW 15TH AVE MIAMI, FL 33125-5513 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		40018020	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-2424591	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JUAN R 1781 NW 16TH TERRACE MIAMI, FL 33125				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
PPD FINA, AUGUSTO PD 5201 NE 7 DY #403-W MIAMI, FL 33126		Change Addition			
PD PORTUNONDO, JORGE 124 NW 15 AVENUE MIAMI, FL 33125		Change Addition			
SD JANE, ALBERTO C 6780 W 2 CT #315 HIALEAH, FL 33012		Change Addition			
TD PASTOR, ADALBERTO 3543 S.W. 13 TERRACE MIAMI, FL 33145		Change Addition			
VPD BARRIOS, EPIFANIO 579 E 55 ST HIALEAH, FL 33013		Change Addition			
CD DIAZ, ZOA E 274 NW 40 CT # B MIAMI, FL 33126		Change Addition			
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: Jorge Portunondo PD of LUZ 2-12-07 305-642-73					