

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N04072

Entity Name: FEDERACION DE LOGIAS UNIDAS DE LA ORDEN CABALLERO DE LA LUZ, INC.

Current Principal Place of Business:

124 NW 15TH AVE
MIAMI, FL 331255513 US

New Principal Place of Business:

Current Mailing Address:

124 NW 15TH AVE
MIAMI, FL 331255513 US

New Mailing Address:

FEI Number: 59-2424591 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GONZALEZ, JUAN R
1781 NW 16TH TERRACE
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: PPD () Delete
Name: BARRIOS, EPIFANIO
Address: 246 NW 29TH AVE.
City-St-Zip: CAPE CORAL, FL 33993

Title: PD () Delete
Name: FINA, AUGUSTO
Address: 5201 NW 7TH ST. # 403W
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: PEREZ, NERIDA
Address: 10745 SW 32ND ST
City-St-Zip: MIAMI, FL 33165

Title: TD () Delete
Name: PASTOR, ADALBERTO
Address: 3543 SW 13TH TERRACE
City-St-Zip: MIAMI, FL 33145

Title: VPD () Delete
Name: QUIROS, MIRIAM E
Address: 444 SW 64TH CT
City-St-Zip: MIAMI, FL 33144

Title: CD () Delete
Name: DIAZ, ZOA E
Address: 274 NW 40TH CT
City-St-Zip: MIAMI, FL 33126

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
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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: NERIDA PEREZ

SD

02/10/2009

Electronic Signature of Signing Officer or Director

Date