

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002863

FILED
Aug 24, 2006
Secretary of State

Entity Name: CASA DE ADORACION LUZ DEL MUNDO CORP.

Current Principal Place of Business:

3040 NE 11TH TERRACE
POMPANO BEACH, FL 33064

New Principal Place of Business:

8409 W MCNAB RD
TAMARAC, FL 33321

Current Mailing Address:

3040 NE 11TH TERRACE
POMPANO BEACH, FL 33064

New Mailing Address:

8409 W MCNAB RD
TAMARAC, FL 33321

FEI Number: 20-2441365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NIEVES, YAMILKA
6501 NW 72ND AVE
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

ARIZA, FLORY
560 N ROCK ISLAND ROAD
#1
MARGATE, FL 33063 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: FLOR Y ARIZA

08/24/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PEREZ, ENRIQUE
Address: 3040 NE 11TH TERRACE
City-St-Zip: POMPAÑO BEACH, FL 33064

Title: VP () Delete
Name: VARGAS, ANGEL L
Address: 711 BUNKER LN
City-St-Zip: KISSIMMEE, FL 34759

Title: S (X) Delete
Name: NIEVES, YAMILKA
Address: 6501 NW 72ND AVE
City-St-Zip: TAMARAC, FL 33321

Title: T (X) Delete
Name: ARIZAF, FLORY
Address: 9989 NW 45TH STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEREZ, ENRIQUE
Address: 6800 NW 39 AVE #19
City-St-Zip: COCONUT CREEK, FL 33073

Title: T (X) Change () Addition
Name: ARIZA, FLORY
Address: 560 N. ROCK ISLAND RD #1
City-St-Zip: MARGATE, FL 33063

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 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: FLORY ARIZA

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08/24/2006

Electronic Signature of Signing Officer or Director

Date