

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N05000005124

1. Entity Name
LUZ PARA LAS NACIONES, INC.



Principal Place of Business
560 SPRINGDALE CIRCLE
PENSACOLA, FL 32503

Mailing Address
560 SPRINGDALE CIRCLE
PENSACOLA, FL 32503



01222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2934011

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDOZA, GUSTAVO
560 SPRINGDALE CIRCLE
PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MENDOZA, GUSTAVO
560 SPRINGDALE CIRCLE
PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
SOBENIS, BRENDA
560 SPRINGDALE CIRCLE
PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DT
DYSTER, DAVID
560 SPRINGDALE CIRCLE
PENSACOLA, FL 32503

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000682947
04/05/07-80023-019 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *David M Dyster* DAVID M DYSTER

3/21/07

850-430-1090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #