2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State
05-03-2007 90052 016 ***150.00

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1. Entity Name
I.C.M.E.T. LUZ Y VERDAD INC.

Principal Place of Business	Mailing Address
2855 ORCHID DRIVE HAINES CITY, FL 33845	P.O. BOX 2584 DAVENPORT, FL 33836

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8059640 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTAGENA, CHRISTOPHER 639 MADINA CIRCLE DAVENPORT, FL 33837	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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURGOS, IVAN 50 INNCONU DR. KISSIMMEE, FL 34759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRESURY Jenifer Ortiz 50 INNCONU DR. Kissimmee FL 34759.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARTAGENA, CHRISTOPHER 639 MADINA CIRCLE DAVENPORT, FL 33837	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY Sandra Vega 50 INNCONU Dr. Kissimmee FL 34759.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GARCIA, LILLIAN M 50 INNCONU DR. KISSIMMEE, FL 34759	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Lilliam M Garcia 50 INNCONU Dr. Kissimmee FL 34759	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARTENS, LESLIE J 639 MADINA CIRCLE DAVENPORT, FL 33837	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Felipe De la Cruz 34 Sawfish Ln Kissimmee FL 34759.	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: Ivan Burgos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #