

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011220

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: LUCES NAVIDENAS, INC.

## Current Principal Place of Business:

2210 GOZO CT  
NAVARRE, FL 32566

## New Principal Place of Business:

## Current Mailing Address:

2210 GOZO CT  
NAVARRE, FL 32566

## New Mailing Address:

FEI Number: 24-1411614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRIANA, DAVID  
2210 GOZO CT  
NAVARRE, FL 32566 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: C ( ) Delete  
Name: TRIANA, DAVID  
Address: 2210 GOZO CT  
City-St-Zip: NAVARRE, FL 32566

Title: VC ( ) Delete  
Name: TRIANA, SOFIA A  
Address: 2210 GOZO CT  
City-St-Zip: NAVARRE, FL 32566

Title: T ( ) Delete  
Name: MILORD, MARYBEL  
Address: 976 CLAEVEN CIRCLE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: S ( ) Change (X) Addition  
Name: LAWHON, KATHY L  
Address: 142 HOMEWOOD DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: DAVID TRIANA

C

04/28/2009

Electronic Signature of Signing Officer or Director

Date