2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07756

FILED Apr 23, 2009 Secretary of State

Entity Name: LOGIA LUZ DE WEST PALM BEACH #322 ORDEN CABALLERO DE LA LUZ, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DEN AVENUE M BEACH, FL				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	DEN AVENUE M BEACH, FL				
FEI Number:	59-1932699	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
GRACIA, PI 135 MANCI ROYAL PAI		L 33411 US			
The above in the State		submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	E:				
	Electron	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GRACIA, PEDR 135 MANCHINE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () GARCIA, FRANG 630 WINTER ST WEST PALM BE	т.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAT () GONZALEZ, JU 113 AINSWORT PALM SPRINGS	TH CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () FUENTES, AND 411 ADMORE R WEST PALM BE	RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () GARCIA, FRANC 630 WINTER ST WEST PALM BB	Т.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: PEDRO GRACIA PD 04/23/2009