2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2005 8:00 am **Secretary of State** DOCUMENT # N46192 1. Entity Name 02-16-2005 90048 018 ****61.25 LUZ Y VERDAD MAGAZINE INC. Principal Place of Business Mailing Address 124 NW 15 AVE MIAMI FL 33125 124 NW 15 AVE MIAMI FL 33125 COPOLUUC 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2424591 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name QUIROS, MIRIAM E. Street Address (P.O. Box Number is Not Acceptable) 444 SW 64 CT. **MIAMI FL 33144** 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. 1 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DVP TITLE ☐ Change ☐ Delete TITLE ☐ Addition PORTUONDO, JORGE NAME 124 NW 15 AVE STREET ADDRESS STREET ADDRESS **MIAMI FL 33125** CITY-ST-7IP CITY-ST-ZIP DS Delete Addition □ Change QUIROS, MIRIAM E. NAME STREET ADDRESS 444 SW 64 CT. STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP TITLE **X** Delete TITLE Sanchez, Jorge Change Addition TALAVERA, MARIO DIAZ NAME NAME 8520 NW 139 Terr. # 1609 140 NW 32 AVE. STREET ADDRESS STREET ADDRESS Hialeah, Fl., 33016 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete Change Addition Aguayo, Humberto RODRIQUEZ, LUIS 1764 SW 17 St. 152 SW 30 CT STREET ADDRESS STREET ADDRESS Miami, Fl., 33145 **MIAMI FL 33135** CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attaynment with an oddress, with all other like empowered.

Jorge Portuondo D.V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED