


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90045 035 \*\*\*\*61.25

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # N46192</b><br>1. Entity Name<br><b>LUZ Y VERDAD MAGAZINE INC.</b>  |  |   |  |   |   |
| Principal Place of Business<br><b>124 NW 15 AVE</b><br><b>MIAMI, FL 33125 US</b>   |  |   | Mailing Address<br><b>124 NW 15 AVE</b><br><b>MIAMI, FL 33125 US</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br>Suite, Apt. #, etc.   |  | 01222007 Chg-NP CR2E037 (12/06)  |   |
| City & State   |  | City & State  |  | 4. FEI Number<br><b>59-2424591</b>   |   |
| Zip Country  |  | Zip Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |   |
| 6. Name and Address of Current Registered Agent<br><br><b>PORTUONDO, JORGE</b><br><b>124 NORTHWEST 15 AVENUE</b><br><b>MIAMI, FL 33125</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____  |  |   |  |  |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to Florida Department of State</b>   |   |
| 10. OFFICERS AND DIRECTORS   |  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>PORTUONDO, JORGE<br>124 NW 15 AVE<br>MIAMI, FL 33125 <input type="checkbox"/> Delete               |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>QUIROS, MIRIAM E.<br>444 SW 64 CT.<br>MIAMI, FL 33144 <input type="checkbox"/> Delete              |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DT<br>JANÁ, ALBERT C<br>6780 WEST E COURT SUITE 315<br>HIALEAH, FL 33012 <input type="checkbox"/> Delete |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>AGUAYO, HUMBERTO<br>1764 SW 17 ST<br>MIAMI, FL 33145 <input type="checkbox"/> Delete               |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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. |  |   |  |  |   |
| <b>SIGNATURE: Jorge Portuondo Secretary</b> <i>1-24-07 300-240-4337</i>  |  |   |  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  | Date Daytime Phone #   |   |