

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90008 009 \*\*\*\*61.25

**DOCUMENT # N46192**

1. Entity Name

LUZ Y VERDAD MAGAZINE INC.



Principal Place of Business

124 NW 15 AVE  
MIAMI FL 33125  
US

Mailing Address

124 NW 15 AVE  
MIAMI FL 33125  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

59-2424591

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PORTUONDO, JORGE  
124 NORTHWEST 15 AVENUE  
MIAMI FL 33125

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PORTUONDO, JORGE	
STREET ADDRESS	124 NW 15 AVE	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	QUIROS, MIRIAM E.	
STREET ADDRESS	444 SW 64 CT.	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	DT	<input type="checkbox"/> Delete
NAME	JANCO, ALBERT C	
STREET ADDRESS	6780 WEST E COURT SUITE 315	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	SD	<input type="checkbox"/> Delete
NAME	AGUAYO, HUMBERTO	
STREET ADDRESS	1764 SW 17 ST	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez, Jorge	
STREET ADDRESS	8520 NW 139 Terr # 1609	
CITY-ST-ZIP	Miami Lakes, Fl., 33016	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Portuondo Jorge Portuondo PD*

3-11-08

205-142-4387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #