

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48625

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: LICEO LA LUZ, INC.

**Current Principal Place of Business:**

124 NW 15 AVE.  
MIAMI, FL 33125

**New Principal Place of Business:**

**Current Mailing Address:**

124 NW 15 AVE.  
MIAMI, FL 33125

**New Mailing Address:**

FEI Number: 65-0343801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINN, AUGUSTA  
5201 NW 7 ST 403 N  
MIAMI, FL 33136 US

**Name and Address of New Registered Agent:**

FINA, AUGUSTO  
5201 NW 7 ST 403 -W  
MIAMI, FL 33126 US

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: AUGUSTO FINA

02/10/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GONZALEZ, JUAN  
Address: 1730 SW 7 ST #1  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: PORTUONDO, JORGE,  
Address: 124 NW 15 AVE.  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: VICENTE, GONZALO  
Address: 11262 NW 14 CT  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: PASTOR, ADALBERTO  
Address: 3543 SW 13 TERRACE  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: QUIROS, MIRIAM  
Address: 444 SW 64TH CT  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: VICENTE, GONZALO  
Address: 8990 S. HOLLYBROOK BLVD # 310  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D (X) Change ( ) Addition  
Name: PASTOR, ADALBERTO  
Address: 3543 SW 13 TERRACE  
City-St-Zip: MIAMI, FL 33145

Title: D (X) Change ( ) Addition  
Name: QUIROS, MIRIAM E  
Address: 444 SW 64TH CT  
City-St-Zip: MIAMI, FL 33144

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: JORGE PORTUONDO

D

02/10/2009

Electronic Signature of Signing Officer or Director

Date