2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000002891

1. Entity Name
SOCIEDAD DE ESTUDIO E INVESTIGACION CIENTIFICA DE LOS FENOMENOS ESPIRITUALES JOSE DE LUZ, INC. T

Principal Place of Business	Mailing Address
13330 S.W. 26TH TERRACE MIAMI, FL 33175	13330 S.W. 26TH TERRACE MIAMI, FL 33175

02032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1021907
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, ANGELA
13330 S.W. 26TH TERRACE
MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DE LA CRUZ, ANGELA
STREET ADDRESS	13330 S.W. 26TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	V
NAME	DELA CRUZ, MANUEL JR
STREET ADDRESS	15385 SW 76 TERR #105
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	S
NAME	DE ARMAS, ELBA
STREET ADDRESS	8665 NW 6TH LANE #111
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	T
NAME	PORTO, ELVIRA
STREET ADDRESS	411 SW 134TH AVE
CITY-ST-ZIP	MIAMI, FL 33184
TITLE	D
NAME	SURIA, ANGEL
STREET ADDRESS	13330 SW 26 TERR
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	CRESPO, ALBERTO
STREET ADDRESS	6362 SW 114TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33173

100000336243
04/27/05-80119-002 61.25

DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-7-05 (305) 223-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #