


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90023 004 \*\*\*\*61.25

<b>DOCUMENT # N99000002891</b>					
<b>1. Entity Name</b> SOCIEDAD DE ESTUDIO E INVESTIGACION CIENTIFICA DE LOS FENOMENOS ESPIRITUALES JOSE DE LUZ, INC. T					
<b>Principal Place of Business</b> 13330 S.W. 26TH TERRACE MIAMI, FL 33175			<b>Mailing Address</b> 13330 S.W. 26TH TERRACE MIAMI, FL 33175		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-1021907	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DE LA CRUZ, ANGELA 13330 S.W. 26TH TERRACE MIAMI, FL 33175			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> DE LA CRUZ, ANGELA <b>STREET ADDRESS</b> 13330 S.W. 26TH TERRACE <b>CITY-ST-ZIP</b> MIAMI, FL 33175	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> V <b>NAME</b> DELA CRUZ, MANUEL JR <b>STREET ADDRESS</b> 15385 SW 76 TERR #105 <b>CITY-ST-ZIP</b> MIAMI, FL 33193	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> DE LA CRUZ, MANUEL <b>STREET ADDRESS</b> 13330 SW 26TH TERRACE <b>CITY-ST-ZIP</b> MIAMI FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> DE ARMAS, ELBA <b>STREET ADDRESS</b> 8665 NW 6TH LANE #111 <b>CITY-ST-ZIP</b> MIAMI, FL 33193	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> DE ARMAS, ELBA <b>STREET ADDRESS</b> 13330 SW 26TH TERRACE <b>CITY-ST-ZIP</b> MIAMI, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> PORTO, ELVIRA <b>STREET ADDRESS</b> 411 SW 134TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33184	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> T <b>NAME</b> PORTO, ADOLFO <b>STREET ADDRESS</b> 411 SW 134TH AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33184	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> SURIA, ANGEL <b>STREET ADDRESS</b> 13330 SW 26 TERR <b>CITY-ST-ZIP</b> MIAMI, FL 33175	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> D <b>NAME</b> CRESPO, ALBERTO <b>STREET ADDRESS</b> 6362 SW 114TH AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SURIA, LUCRESIA <b>STREET ADDRESS</b> 13330 SW 26 TERRACE <b>CITY-ST-ZIP</b> MIAMI, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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>					
<b>SIGNATURE:</b> <i>Angela de la Cruz</i>			Date: <i>1-21-07</i> (305) 223-0859		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					