

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90258 021 ***150.00

DOCUMENT # P05000086186

1. Entity Name
DISTRIBUCIONES CASA DE LUZ INC



Principal Place of Business
**313 NW 47 STREET
DEERFIELD BEACH, FL 33064**

Mailing Address
**313 NW 47 STREET
DEERFIELD BEACH, FL 33064**

40077206



2. Principal Place of Business - No P.O. Box #
10363 NW 7TH ST

3. Mailing Address
10363 NW 7TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007 Chg-P CR2E034 (12/06)

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number
20-3005846

Applied For
Not Applicable

Zip
33071

Country

Zip
33071

Country

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

6. Name and Address of Current Registered Agent

**RATIVA, GUILLERMO
313 NW 47 STREET
DEERFIELD BEACH, FL 33064**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10363 NW 7TH ST

City

CORAL SPRINGS

FL

Zip Code

33071

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]

Guillermo RATIVA

4/12/07

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

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D P** ☐ Delete
NAME **RATIVA, GUILLERMO**
STREET ADDRESS **313 NW 47 STREET**
CITY - ST - ZIP **DEERFIELD BEACH, FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10363 NW 7TH ST**
CITY - ST - ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 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 607, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo RATIVA Pres 4/12/07 (754) 246-0522

Date

Daytime Phone #