

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-28-2006 90155 025 ***155.00

DOCUMENT # P94000037981

1. Entity Name

RADIO LUZ, INC.



Principal Place of Business

**6106 B HOFFNER AVE
ORLANDO FL 32822**

Mailing Address

**P.O. BOX 593642
ORLANDO FL 32859-3642**

66017796



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3266999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, BENNY
P.O. BOX 593642
ORLANDO FL 32859-3642**

7. Name and Address of New Registered Agent

Name

Benny Rodriguez

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

6106-B Hoffner Avenue

Orlando,

FL 32822

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 requested)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
GONZALEZ, SATURNINO
850 WHISPERING CYPRESS LANE
ORLANDO FL 32824** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
MALDONADO, JOHN
7705 CERES DR.
ORLANDO FL 32822** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S/T
RODRIGUEZ, BENNY
6106-B HOFFNER AVE.
ORLANDO FL 32822** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
LUGO, AURELIO
179 JALAPA DR.
KISS. FL 34743** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
BONNET, DORIS
1650 SAND LAKE RD.
ORLANDO FL 32809** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
C OTTO, RAFAEL
6106-B HOFFNER AVE.
ORLANDO FL 32822** ☐ Delete

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

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 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:

John Maldonado

Signature and Title or Printed Name of Signing Officer or Director

4/7/2006

Date

Daytime Phone #