

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00919

**Entity Name:** ORDEN CABALERO DE LA LUZ LOGIA REGRESO A CUBA-PAQUITO PORTUONDO NO. 334, INC**Current Principal Place of Business:**124 NW 15 AVE.  
MIAMI, FL 33125**Current Mailing Address:**124 NW 15 AVE.  
MIAMI, FL 33125 US**FEI Number: 59-2361403****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PORTUONDO, JORGE E  
124 NW 15 AVE # A  
MIAMI, FL 33125 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: JORGE E PORTUONDO****02/15/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | TREASURER          |
| Name            | PORTUONDO, JORGE E |
| Address         | 124 NW 15TH AVE    |
| City-State-Zip: | MIAMI FL 33125     |

|                 |                   |
|-----------------|-------------------|
| Title           | SECRETARY         |
| Name            | RODRIGUEZ, JORGE  |
| Address         | 1850 NW 34TH AVE. |
| City-State-Zip: | MIAMI FL 33142    |

|                 |                   |
|-----------------|-------------------|
| Title           | ASST. TREASURER   |
| Name            | PASTOR, ADALBERTO |
| Address         | 2833 SW 33RD AVE. |
| City-State-Zip: | MIAMI FL 33133    |

|                 |                       |
|-----------------|-----------------------|
| Title           | PRESIDENT             |
| Name            | MATOS, JULIO C        |
| Address         | 955 NW 32ND AVE<br>33 |
| City-State-Zip: | MIAMI FL 33125        |

|                 |                 |
|-----------------|-----------------|
| Title           | VP              |
| Name            | TROYANO, JOSE O |
| Address         | 921 SW 8TH CT.  |
| City-State-Zip: | MIAMI FL 33130  |

|                 |                  |
|-----------------|------------------|
| Title           | ASST. TREASURER  |
| Name            | ODALYS, SANCHEZ  |
| Address         | 2790 SW 30TH AVE |
| City-State-Zip: | MIAMI FL 33133   |

I hereby 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 all other like empowered.

**SIGNATURE: JORGE E PORTUONDO****TREASURER****02/15/2023**

Electronic Signature of Signing Officer/Director Detail

Date