


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 744808 1. Entity Name LOGIA HIJAS DE LA ACACIA, FILIAL #1, INC.	
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Principal Place of Business 910 NW 22ND AVE MIAMI, FL 33125	Mailing Address 910 NW 22ND AVE MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1795407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SALAS-AMARO, YOLANDA
 910 NW 22ND AVE
 MIAMI, FL

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOGUER, MARIA 910 NW 22ND AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVO, MARIA D 910 NW 22 AVE. MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAS-AMARO, YOLANDA 534 SW 68 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMIREZ, ROSA C/O 910 NE 22ND AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SERRA, ZORAIDA 910 NW 22ND AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000378403
 01/09/06-80004-006 61.25

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.

SIGNATURE: Yolanda Salas-Amaro : 01-03-06 (305) 262-9237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 YOLANDA SALAS-AMARO