2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 744808

Entity Name: LOGIA HIJAS DE LA ACACIA, FILIAL #1, INC.

Current Principal Place of Business:

910 NW 22ND AVE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

910 NW 22ND AVE
MIAMI, FL 33125

New Mailing Address:

FEI Number: 59-1795407 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	NOGUER, MARIA	
Address:	910 NW 22ND AVENUE	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	CABRERA, GLORIA	
Address:	910 NW 22 AVE	
City-St-Zip:	MIAMI, FL 33125	
Title:	PD	( ) Delete
Name:	SALAS-AMARO, YOLANDA,	
Address:	534 SW 68 AVE	
City-St-Zip:	MIAMI, FL	
Title:	T	( ) Delete
Name:	RAMIREZ, ROSA,	
Address:	C/O 910 NE 22ND AVE	
City-St-Zip:	MIAMI, FL	
Title:	D	( ) Delete
Name:	MARCAYDA, ANA L	
Address:	910 NW 22 AVE	
City-St-Zip:	MIAMI, FL 33125	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YOLANDA SALAS-AMARO RA 01/23/2009

Electronic Signature of Signing Officer or Director — Date