

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744808

**FILED**  
**Jan 20, 2014**  
**Secretary of State**  
**CC8984910203**

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

**Current Principal Place of Business:**

910 NW 22ND AVE  
MIAMI, FL 33125

**Current Mailing Address:**

910 NW 22ND AVE  
MIAMI, FL 33125

**FEI Number:** 59-1795407

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title S  
Name NOGUER, MARIA  
Address 910 NW 22ND AVENUE  
City-State-Zip: MIAMI FL

Title D  
Name CABRERA, GLORIA  
Address 910 NW 22 AVE  
City-State-Zip: MIAMI FL 33125

Title PD  
Name SALAS-AMARO, YOLANDA  
Address 534 SW 68 AVE  
City-State-Zip: MIAMI FL

Title T  
Name GONZALEZ, DORA  
Address C/O 910 NE 22ND AVE  
City-State-Zip: MIAMI FL

Title D  
Name VILA, MARIA  
Address 910 NW 22 AVE  
City-State-Zip: MIAMI FL 33125

*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:** ARMANDO SALAS-AMARO

**PD**

**01/20/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date