

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

DOCUMENT# N13000004385

**FILED**  
**May 11, 2014**  
**Secretary of State**  
**CC0291878771**

**Entity Name:** LOGOSOPHICAL FOUNDATION, INC. - FOR SELF BETTERMENT

**Current Principal Place of Business:**

2640 HOLLYWOOD BLVD STE 112  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

2640 HOLLYWOOD BLVD STE 112  
HOLLYWOOD, FL 33020

**FEI Number:** 46-2812695

**Certificate of Status Desired:** Yes

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

LEVI, MAURICIO  
2640 HOLLYWOOD BLVD STE 112  
HOLLYWOOD, FL 33020 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 P  
Name LEVI, MAURICIO  
Address 2640 HOLLYWOOD BLVD STE 112  
City-State-Zip: HOLLYWOOD FL 33020

Title VT  
Name AGUIAR, MADALENA  
Address 2640 HOLLYWOOD BLVD STE 112  
City-State-Zip: HOLLYWOOD FL 33020

Title S  
Name LEVI, MARISOL  
Address 2640 HOLLYWOOD BLVD STE 112  
City-State-Zip: HOLLYWOOD FL 33020

Title D  
Name LEVY, GASTON  
Address 2640 HOLLYWOOD BLVD STE 112  
City-State-Zip: HOLLYWOOD FL 33020

Title D  
Name OSCHENEK, VALERIA  
Address 2640 HOLLYWOOD BLVD STE 112  
City-State-Zip: HOLLYWOOD FL 33020

*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:** MAURICIO LEVI

**PRESIDENT**

**05/11/2014**

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

\_\_\_\_\_  
Date