

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 034 ****61.25

DOCUMENT # 743919

1. Entity Name
LOGIA IDEALES MARTIANOS 210 INC.



Principal Place of Business
**1701 - 1703 N.W. 17TH AVE.
MIAMI, FL 33125**

Mailing Address
**1701 - 1703 N.W. 17TH AVE.
MIAMI, FL 33125**

40040691



01172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0203430

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ASION, LUIS
800 SW 104TH CT APT 107
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

LUIS ASION

03/13/07

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME ASION, JULIAN
STREET ADDRESS 269 PALM AVE
CITY-ST-ZIP MIAMI BEACH, FL

TITLE D
NAME MENA, JORGE LUIS
STREET ADDRESS 4431 SW 4 ST
CITY-ST-ZIP MIAMI, FL 33134

TITLE S
NAME LOPEZ, JUAN A
STREET ADDRESS 6595 SW 35 ST
CITY-ST-ZIP MIAMI, FL 33155

TITLE P
NAME ASTON, LUIS
STREET ADDRESS 800 SW 104 CT APT 107
CITY-ST-ZIP MIAMI, FL

TITLE V
NAME MENA, DIOSDADO
STREET ADDRESS 4431 SW 4 ST
CITY-ST-ZIP MIAMI, FL 33134

TITLE T
NAME PEREA, SILVILIO P
STREET ADDRESS 620 SW 62 CT
CITY-ST-ZIP MIAMI, FL 33144

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

Luis Asion

03/13/07

(305)545-6054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #