2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # 743919

1. Entity Name
LOGIA IDEALES MARTIANOS 210 INC.

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

DO NOT WRITE IN THIS SPACE

02042008 No Chg-NP CR2E037 (4/06)

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

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

Filing Fee is $61.25
Due by May 1, 2008

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

U00000863349
04/03/08-80088-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MENA, DIOSDADA
STREET ADDRESS	4431 SW 4 ST
CITY-ST-ZIP	MIAMI, FL 33134
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	D
NAME	ASION, JULIAN
STREET ADDRESS	269 PALM AVE
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	T
NAME	PEREA, SILVILIO P
STREET ADDRESS	620 SW 62 CT
CITY-ST-ZIP	MIAMI, FL 33144

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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: Luis Asion 03-11-08 3057766622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #