

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743919

FILED
Mar 24, 2009
Secretary of State

Entity Name: LOGIA IDEALES MARTIANOS 210 INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0203430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASION, LUIS
800 SW 104TH CT APT 107
MIAMI, FL 33126 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: VP () Delete
Name: MENA, DIOSDADO
Address: 4431 SW 4 ST
City-St-Zip: MIAMI, FL 33134

Title: D () Delete
Name: MENA, JORGE LUIS
Address: 4431 SW 4 ST
City-St-Zip: MIAMI, FL 33134

Title: S () Delete
Name: LOPEZ, JUAN A
Address: 6595 SW 35 ST
City-St-Zip: MIAMI, FL 33155

Title: P () Delete
Name: ASTON, LUIS
Address: 800 SW 104 CT APT 107
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ASION, JULIAN
Address: 269 PALM AVE
City-St-Zip: MIAMI BEACH, FL

Title: T () Delete
Name: PEREA, SILVILIO P
Address: 620 SW 62 CT
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MENA, DIOSDADO
Address: 4431 SW 4 ST
City-St-Zip: MIAMI, FL 33134

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

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Name:
Address:
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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: ASION LUIS

MR.

03/24/2009

Electronic Signature of Signing Officer or Director

Date