

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

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90093 007 \*\*\*\*70.00

**DOCUMENT # 744978**

1. Entity Name  
LOGIA GUAIMARO, INC.



Principal Place of Business

1883 SW 1 ST  
MIAMI, FL 33135

Mailing Address

1883 SW 1 ST  
MIAMI, FL 33135

40073134



01082007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0034510

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARINO, MANUEL  
2990 S.W. 21TH TERR.  
MIAMI, FL 33145

**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, 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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	MARINO, MANUEL
STREET ADDRESS	2990 SW 21 TERR
CITY - ST - ZIP	MIAMI, FL 33145
TITLE	TD
NAME	ROQUE DE ESCOBAR, MARI
STREET ADDRESS	3066 SW 16 STREET
CITY - ST - ZIP	MIAMI, FL 33145
TITLE	PD
NAME	MARTINEZ, ALBERTO
STREET ADDRESS	2829 INDIAN CREEK DR, # 702
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	PD
NAME	JOSE ANDRES CARRO GUTIERREZ
STREET ADDRESS	8210 Florida Dr. Apt 422
CITY - ST - ZIP	Pembroke Pines Fl. 33025
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Manuel Marino* MANUEL MARINO 04/12/07 305-444-0710