

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 745036	
1. Entity Name LOGIA PERSEVERANCIA DE CARDENAS, MANUEL MAZA ESCUDERO, INC.	

Principal Place of Business 910 N.W. 22 AVE. MIAMI, FL 33125	Mailing Address 910 N.W. 22 AVE. MIAMI, FL 33125
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DO NOT WRITE IN THIS SPACE



02192008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 59-1795407	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBO, FRANK
590 NW 126TH ST
MIAMI, FL 33168

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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 _____ (NOTE: Registered Agent signature required when recasting) 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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DELGADO, LEANDRO 7165 NW 186 ST. APT. 509 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GONZALEZ, ANGEL C 731 E. 47TH ST. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS COBO, FRANK 590 NW 126TH ST. MIAMI, FL 33168
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U00000839568
03/06/08-80013-012 61.25

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: Frank Cobo-Torres Feb. 21st / 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #