2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2006 8:00 am Secretary of State

03-31-2006 90022 036 ****61.25 **DOCUMENT #745430** 1. Entity Name RESPETABLE LOGIA SIMBOLICA AMERICA, NO. 15, INC. **~**∪∪~∂≈13 Principal Place of Business Mailing Address 1883 S.W. 1 ST. 1883 S.W. 1 ST. MIAMI, FL 33135 MIAMI, FL 33135 2. Principal Place of Business 3. Mailing Address <u>3/75</u> SW.23 Ter Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E037 (11/05) City & State 4. FEI Number Applied For 65-0062585 41341 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33/VS 1441-DADE Clisur DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ERQNA CIRD, HERENA 1883 S.W. 1 ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33135 5.10. 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 familia the obligations of registered agent nice SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD CIRD LLERENA TITLE Delete Addition TITLE Change NAME RODRIGUES, MIGUEL A. STREET ADDRESS 5300 S.W. 98TH CT. STREET ADDRESS 3125 5.W. 23 Terrole MIAMI, FL CITY-ST-7IP CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change GUSTANO RODRIGUEZ GASPAR, DIAZ NAME STREET ADDRESS 1660 SW 29 AVE STREET ADDRESS 801-B S.W. 8 st. FT LAUDERDALE, FL CITY-ST-ZIP CITY-ST-ZIP MAUI FL 33/30 SD TITLE Delete TITLE Change Addition ALVAREZ, BARBARO NAME NAME 12542 SW 211 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY - ST - ZIP TITLE Delete TITLE Change Addition PAZ, FELIZ D. NAME NAME STREET ADDRESS 9841 SW 47 STREET STREET ADDRESS CITY - ST - ZIP MIAMI, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Adoitiun TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: Lu (

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2-/00/205) 448395