

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90042 006 ****70.00

DOCUMENT # 755098

1. Entity Name

LOGIA FRATERNIDAD INC.



Principal Place of Business

% ARMANDO SALAS AMARO
910 N.W. 22ND AVENUE
MIAMI FL 33125

Mailing Address

% ARMANDO SALAS AMARO
910 N.W. 22ND AVENUE
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

AMARO, ARMANDO SALAS
910 N.W. 22ND AVENUE
MIAMI FL 33125

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD
NAME: FERNANDEZ, VICTOR L ☒ Delete
STREET ADDRESS: 170 E 34 ST
CITY-ST-ZIP: HIALEAH FL

TITLE: ☐ Change ☐ Addition
NAME: JORGE SANCHEZ
STREET ADDRESS: 8520 N.W. 138 TERRACE #1609
CITY-ST-ZIP: MIAMI LAKES, FL 33016

TITLE: VD ☒ Delete
NAME: ANTONIO, MARCO
STREET ADDRESS: 910 NW 22 AVE
CITY-ST-ZIP: MIAMI FL 33125

TITLE: ☐ Change ☐ Addition
NAME: MARCOS ESTICARRIBIA
STREET ADDRESS: 921-S.W. 104 CT
CITY-ST-ZIP: MIAMI - FLA 33174

TITLE: TD ☐ Delete
NAME: PELLICER, JOSE LUIS
STREET ADDRESS: 630 W-34TH STREET
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PELLICER - JOSE LUIS PELLICER TREASURY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-04

Date

305-643-4036

Daytime Phone #