

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90023 034 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

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

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

Name

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

City

FL

Zip Code

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 for printed name of registered agent and not applicable.

(NOTE: Registered Agent signature is not used when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 **P** ☐ Delete
NAME **SALGARO, CARMELO**
STREET ADDRESS **7630 SW 21 ST**
CITY-STATE-ZIP **MIAMI FL 33155**

TITLE **P. Arturo Comas** ☒ Change ☐ Addition
NAME **1110 Red Bird Ave.**
STREET ADDRESS **Miami Spring FL 33166**
CITY-STATE-ZIP

TITLE **S** ☐ Delete
NAME **FUENTES, FIGEL**
STREET ADDRESS **6967 SW 115 PLACE UNIT 8**
CITY-STATE-ZIP **MIAMI FL 33173**

TITLE **S CALIXTO M. CASANOV** ☒ Change ☐ Addition
NAME **250 NW 41 Ave**
STREET ADDRESS **Miami FL 33125**
CITY-STATE-ZIP

TITLE **TD** ☐ Delete
NAME **PELLICER, JOSE LUIS**
STREET ADDRESS **830 W. 34TH STREET**
CITY-STATE-ZIP **HIALEAH FL 33012**

TITLE **TD- Jon L. Pellicer** ☐ Change ☐ Addition
NAME **830 W 34th Street**
STREET ADDRESS **Hialeah FL 33012**
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Arturo Comas

Feb. 11/08

301-889-3363