2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# 755130

Entity Name: LOGIA LATINA JINARAJADASA, INC.

Current Principal Place of Business:

19407 NW 82ND CT
HIALEAH, FL 33015945 US

New Principal Place of Business:

Current Mailing Address:

19407 NW 82ND CT
HIALEAH, FL 330156945 US

New Mailing Address:

FEI Number: 59-2766736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLB, JOSE
1725 SW 24TH AVE
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: GALLO, JOSE R
Address: 1725 SW 24TH AVE
City-St-Zip: MIAMI, FL 33145

Title: TD ( ) Delete
Name: REVERT, CRISTINA L
Address: 19407 NW 82ND CT
City-St-Zip: HIALEAH, FL 33015

Title: PD ( ) Delete
Name: REVERT, RENE V
Address: 19407 NW 82ND CT
City-St-Zip: HIALEAH, FL 33015

Title: D (X) Delete
Name: SOCARRA, OSCAR
Address: 8748 SW 27TH ST
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GALLO, JOSE R
Address: 1725 SW 24TH AVE
City-St-Zip: MIAMI, FL 33145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SOCARRA, OSCAR
Address: 8748 SW 27TH ST
City-St-Zip: MIAMI, FL 33165

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTINA L REVERT TD 04/26/2009

Electronic Signature of Signing Officer or Director — Date