

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

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90057 025 ****70.00

DOCUMENT # 765675	
1. Entity Name LOGIA IGUALDAD, INC.	

Principal Place of Business % ARMANDO SALAS AMARO 910 NW 22ND AVE MIAMI FL 33125	Mailing Address % ARMANDO SALAS AMARO 910 NW 22ND AVE MIAMI FL 33125
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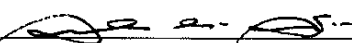


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

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 AMARO, ARMANDO SALAS 910 NE 22ND AVE MIAMI FL 33125		7. Name and Address of New Registered Agent 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:  ARMANDO SALAS-AMARO
(NOTE: Registered Agent signature required when registering) 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 NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, EVELIO ALFREDO 641 E. 21 ST. HIALEAH FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUDRIGUEZ, RAFAEL 12600 SW 84 AVE RD MIAMI FL 33156 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAFAEL RODRIGUEZ ☒ Change ☐ Addition 910 N.W. 22 AVE MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SALAS-AMARO, ARMANGO 34 SW 22 AVE MIAMI FL 33144 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARMANDO SALAS-AMARO ☒ Change ☐ Addition 910 N.W. 22 AVE MIAMI FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  ARMANDO SALAS-AMARO 02-15-08 305-505-5966