

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770777

FILED
Jan 22, 2009
Secretary of State

Entity Name: LOG CABIN ENTERPRISES, INC.

Current Principal Place of Business:

9040 SUNSET DR
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9040 SUNSET DR
MIAMI, FL 33173

New Mailing Address:

FEI Number: 59-2398577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEECH, LESLIE W JR.
9040 SUNSET DR
MIAMI, FL 33173 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: D () Delete
Name: EDELSTEIN, BERNARD
Address: 1221 BISCAYNE DRIVE
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: NEIBURG, SHEILA
Address: 1221 BISCAYA DRIVE
City-St-Zip: SURFSIDE, FL 33154

Title: D () Delete
Name: BERSHAD, STAN
Address: 100 S KANE CONCOURSE, SUITE 207
City-St-Zip: MIAMI BEACH, FL 33154

Title: D () Delete
Name: WEINGER, STEVEN M
Address: 2650 SW 27TH AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: PUJOL, ROSE
Address: 3059 GRAND AVE STE 200
City-St-Zip: MIAMI, FL 331335161

Title: D () Delete
Name: CROWTHER, CONNIE
Address: 269 GIRALDA AVE STE 302
City-St-Zip: CORAL GABLES, FL 331345002

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: P (X) Change () Addition
Name: LEECH, LESLIE W JR.
Address: 9040 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33173

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: LESLIE W. LEECH, JR.

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

Date