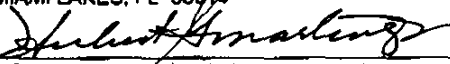
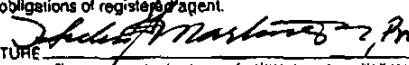


FROM :

FAX NO. :

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 034 ***150.00

DOCUMENT # G45146					
1. Entity Name LOGUN AND MARTINEZ, INC.					
Principal Place of Business 7240 S. PRESTWICK PL. MIAMI LAKES, FL 33014			Mailing Address 7240 S. PRESTWICK PL. MIAMI LAKES, FL 33014		
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	4. FEI Number 59-2038156	
				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		
MARTINEZ, HUBERT G 7240 S. PRESTWICK PL. STE. 706 MIAMI LAKES, FL 33014 			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  President Hubert G. Martinez, M.D. 4-22-08 Signature, name or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when registering.) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	LOGUN, ALBERT G.		NAME		
STREET ADDRESS	6740 S.W. 122 DR.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33156		CITY - ST - ZIP		
TITLE	STD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MARTINEZ, HUBERT G.		NAME	P/D	
STREET ADDRESS	7240 S. PRESTWICK PLACE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES, FL 33014		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:  President			4-22-08 305-873-4966 Date Daytime Phone		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hubert G. Martinez, M.D. President					