

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076392

Entity Name: LOGOS DISTRIBUTION, LLC

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

10462 N.W. 31ST TERRACE
MIAMI, FL 33172 US

New Principal Place of Business:

10462 N.W. 31ST TERRACE
DORAL, FL 33172 US

Current Mailing Address:

10462 N.W. 31ST TERRACE
MIAMI, FL 33172 US

New Mailing Address:

10462 N.W. 31ST TERRACE
DORAL, FL 33172 US

FEI Number: 20-3279514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBLES, NURIA
10462 N.W. 31ST TERRACE
MAIMI, FL 33172 US

Name and Address of New Registered Agent:

ROBLES, NURIA
10462 N.W. 31ST TERRACE
DORAL, FL 33172 US

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:

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: ROBLES, NURIA
Address: 10462 N.W. 31ST TERRACE
City-St-Zip: MIAMI, FL 33172 US

Title: SEC () Delete
Name: ROBLES, MARIO
Address: 10462 NW 31 TERRACE
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ROBLES, NURIA
Address: 10462 N.W. 31ST TERRACE
City-St-Zip: DORAL, FL 33172 US

Title: SEC (X) Change () Addition
Name: ROBLES, MARIO
Address: 10462 NW 31 TERRACE
City-St-Zip: DORAL, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NURIA ROBLES

PRE

04/12/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date