


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90133 031 \*\*\*\*61.25

<b>DOCUMENT # N01000006489</b>	
1. Entity Name <b>LOGIA AMOR Y PAZ # 177, INC.</b>	

Principal Place of Business <b>124 NW 15TH AVE MIAMI FL 33125</b>	Mailing Address <b>6825 W FLAGLER ST APT 209 MIAMI, FL 33144</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <b>1781 N.W. 16 Terr</b> Suite, Apt. #, etc.
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City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33125</b>	Country



1st MOORE CR2E037 (10/04)

4. FEI Number <b>30-0046366</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ARTEAGA, GARDENIA 6825 W FLAGLER ST, #209 MIAMI FL 33144</b>	
7. Name and Address of New Registered Agent Name <b>ARTEAGA GARDENIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1781 N.W. 16 Terr</b> City <b>MIAMI FL</b> Zip Code <b>33125</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARTEAGA, GARDENIA</b> <b>6825 W FLAGLER ST, #209</b> <b>MIAMI FL 33144</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SILVIA SUAREZ</b> <b>721 N.W. 17 PL</b> <b>MIAMI, FL 33125</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRUZ, MANUELA</b> <b>435 SW 10 AVE #312</b> <b>MIAMI FL 33130</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERCEDES CARMONA</b> <b>7143 S.W. 23 ST</b> <b>MIAMI, FL 33155</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ, MAGALY</b> <b>1781 NW 16 TERR</b> <b>MIAMI FL 33125</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>QUIROZ, MIRIAM E</b> <b>444 SW 64 CT</b> <b>MIAMI FL 33144</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ESTRELLA GARCIA</b> <b>1554 N.W. 3 Street APT. 10</b> <b>MIAMI, FL 33125</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **04-27-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #