

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000006489

1. Entity Name

LOGIA AMOR Y PAZ # 177, INC.



Principal Place of Business

124 NW 15TH AVE
MIAMI, FL 33125

Mailing Address

1781 NW 16 TERR
MIAMI, FL 33125



01162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0046368

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARTEAGA, GARDENIA
1781 NW 16 TERR
MIAMI, FL 33125

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUAREZ, SILVIA
STREET ADDRESS	721 NW 17 PL
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	CARMENOWA, MERCEDES
STREET ADDRESS	7143 S.W. 23 ST
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	GONZALEZ, MAGALY
STREET ADDRESS	1781 NW 16 TERR
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	QUIROZ, MIRIAM E
STREET ADDRESS	444 SW 64 CT
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	D
NAME	ESTRELLA, GARCIA
STREET ADDRESS	1554 NW 3 STREET APT#10
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80025-007 61.25

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IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/16/2006