2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# N01000006489

Entity Name: LOGIA AMOR Y PAZ # 177, INC.

Current Principal Place of Business:

124 NW 15TH AVE
MIAMI, FL 33125

New Principal Place of Business:

Current Mailing Address:

1781 NW 16 TERR
MIAMI, FL 33125

New Mailing Address:

FEI Number: 30-0046366 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARTEAGA, GARDENIA
1781 NW 16 TERR
MIAMI, FL 33125 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: SUAREZ, SILVIA
Address: 721 NW 17 PL
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete
Name: MEDINA, JUANA
Address: 13700 S.W. 62 STREET #108
City-St-Zip: MIAMI, FL 33183

Title: D ( ) Delete
Name: GONZALEZ, MAGALY
Address: 1781 NW 16 TERR
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete
Name: QUIROZ, MIRIAM E
Address: 444 SW 64 CT
City-St-Zip: MIAMI, FL 33144

Title: D ( ) Delete
Name: BOSCH, ODRIS
Address: 8341 S.W 30 CT
City-St-Zip: MIAMI, FL 33155

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:

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: MAGALY GONZALEZ DIRE 03/15/2009

Electronic Signature of Signing Officer or Director — Date