

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

7/26/2004-90004-049-\$61.25-\$61.25

DOCUMENT # N01000008239

1. Entity Name

LOGIA A.J.E.F. HIJOS DE NUEVOS HORIZONTES,
INC.



Principal Place of Business
600 WEST 29TH STREET
HIALEAH FL 33012

Mailing Address
600 WEST 29TH STREET
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
02-0550421

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

PEREZ, GUSTAVO J LFREDO
8228 SW 36 STREET
MIAMI FL 33165

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

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDONADO, NELSON 5825 W. 25 CT. APT. 403 HIALEAH GARDENS FL 33016	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEJEDA, DUNIEL 3090 NW 29 ST MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ACOSTA, GIOVANNI 353 W. 59 ST HIALEAH FL 33012	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRONCOSO, MICHAEL 970 W 53 ST HIALEAH FL 33012	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/04

Date

786 306 0453

Daytime Phone #

FILED

04 NOV 23 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



MOORE CR2E037 11/4/04

Applied For
Not Applicable