

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90003 031 ****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

1st MOORE

CR2E037 (10/05)

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]

786-586-9448

2/4/2006

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PADRON, MICHAEL
STREET ADDRESS 4335 NW S. TAIMIAMI CANAL DRIVE
CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

TITLE PD
NAME TEJEDA, DUNIEL
STREET ADDRESS 3090 NW 29 ST
CITY-ST-ZIP MIAMI, FL 33126 ☒ Change ☐ Addition

TITLE SD
NAME TEJEDA, DUNIEL
STREET ADDRESS 3090 NW 29 ST
CITY-ST-ZIP MIAMI FL 33142 ☒ Delete

TITLE SD
NAME NARANJO, ISBEL
STREET ADDRESS 2135 NW 6ST APT #8
CITY-ST-ZIP MIAMI, FL 33125 ☒ Change ☐ Addition

TITLE TD
NAME ACOSTA, GIOVANNI
STREET ADDRESS 353 W. 59 ST
CITY-ST-ZIP HIALEAH FL 33012 ☒ Delete

TITLE TD
NAME ACOSTA, GIOVANNI
STREET ADDRESS 353 W 59 ST
CITY-ST-ZIP Hialeah, FL 33012 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 exemptions contained in Section 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]

2/4/2006

(786)

568 9448