

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008239

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** LOGIA A.J.E.F. HIJOS DE NUEVOS HORIZONTES, INC.

**Current Principal Place of Business:**

600 WEST 29TH STREET  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

600 WEST 29TH STREET  
HIALEAH, FL 33012

**New Mailing Address:**

**FEI Number:** 02-0550421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEREZ, GUSTAVO J LFREDO  
8228 SW 36 STREET  
MIAMI, FL 33165 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: PD ( ) Delete  
Name: TRONCOSO, MICHAEL  
Address: 970 W 53 ST  
City-St-Zip: HIALEAH, FL 33012

Title: SD ( ) Delete  
Name: NARANJO, ISBEL  
Address: 2135 NW 6 ST APT 8  
City-St-Zip: MIAMI, FL 33125

Title: TD ( ) Delete  
Name: ACOSTA, GIOVANNI  
Address: 353 W 59 ST  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CRUZ, LUIS  
Address: 600 WEST 29TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: SD (X) Change ( ) Addition  
Name: CELDRAN, EDUARDO  
Address: 600 WEST 29TH STREET  
City-St-Zip: HIALEAH, FL 33012

Title: TD (X) Change ( ) Addition  
Name: LEON, JOSE  
Address: 600 WEST 29TH STREET  
City-St-Zip: HIALEAH, FL 33012

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: LUIS CRUZ

PD

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date