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

## Mar 01, 2006 8:00 am DOCUMENT # N02000000379 **Secretary of State** 03-01-2006 90036 005 \*\*\*\*61.25 LOGIA HIJOS DE BANES INC. Principal Place of Business Mailing Address 600 W. 29 ST. 600 W. 29 ST. HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State -4. FEI Number Applied For 04-3605416 Not Applicable Zio Country Zip Country \$8.75 Additional ~ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, GUSTAVO J 8228 SW 36 ST. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155... 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. WILLIAN VENTURA Change 610 SW 56 AV. TITLE TITLE P. Delete MAREHECO, FELIX C NAME NAME 8066 NW 10T #9 STREET ADDRESS STREET ADDRESS HIAHI FL 33134 MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP Mario Rodriquez Change 451 NW 23 Cort. 41941 FL 33175 STD TITLE 🔀 Delete TITLE 5 RODRIQUEZ, MARIO NAME NAME STREET ADDRESS 451 NW 23 COURT STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP CITY-ST-ZIP JAIME H. MONTERO Change D 8675 NW &ST aptolo3 MIANI FL 33/26 TITLE ☐ Defete TITLE . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 to or block in it changed, or on an attacyment with an address, with all other like empowered.

SIGNATURE:

2-20-66-786-586-9448

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Forther 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