

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 17, 2009  
Secretary of State**

DOCUMENT# N02000000379

Entity Name: LOGIA HIJOS DE BANES INC.

**Current Principal Place of Business:**

600 W. 29 ST.  
HIALEAH, FL 33012

**New Principal Place of Business:**

**Current Mailing Address:**

600 W. 29 ST.  
HIALEAH, FL 33012

**New Mailing Address:**

FEI Number: 04-3605416      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PEREZ, GUSTAVO J  
8228 SW 36 ST.  
MIAMI, FL 33155      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: P      ( ) Delete  
Name: MARTINEZ, ANGEL R  
Address: 137 W 14 ST.  
City-St-Zip: HIALEAH, FL 33010

Title: S      ( ) Delete  
Name: RODRIGUEZ, MARIO  
Address: 451 NW 23RD CT  
City-St-Zip: MIAMI, FL 33125

Title: T      ( ) Delete  
Name: MONTERO, JAIME H  
Address: 8625 NW 8 ST, APT. 103  
City-St-Zip: MIAMI, FL 33126

**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:

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: ANGEL MARTINEZ

P

06/17/2009

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

\_\_\_\_\_  
Date