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

Feb 12, 2004 8:00 am Secretary of State DOCUMENT # N02000008553 1. Entity Name 02-12-2004 90026 027 ****61.25 LOGIA ELIO ESTRADA NO. 1985, INC. Principal Place of Business Mailing Address 124 NW. 15TH AVENUE 124 NW. 15TH AVENUE **MIAMI FL 33125 MIAMI FL 33125** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-0553665 Not Applicable Zip 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 Name. PORTUONDO, JORGE 124 NW. 15TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33125** 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Addition Delete Delete PASTOR, PEDRO NAME NAME 11311 SW 5 ST. STREET ADDRESS STREET ADDRESS MIAMI FL 33174 CITY-ST-7IP CITY-ST-ZIP Cabrera, Bienveuschange 2028 NW 295T VD TiTLE TITLE Delete PORTUONDO, JORGE NAME NAME 124 NW. 15TH AVENUE STREET ADDRESS STREET ADDRESS Mruni, F1. 33142 MIAMI FL 33125 CITY-ST-ZIP CITY-ST-7IP Padilla Florentin Dechange TITLE Delete TITLE Addition ARCE, PASTOR L NAME NAME 1820 W 53RD ST., #416 STREET ADDRESS STREET ADDRESS Minui, Fl 33/25 HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition PASTOR, ADALBERTO NAME NAME 3541 SW 13 TERR. STREET ADDRESS STREET ADDRESS MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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:

Jorge E. Portugo Person Princeton