## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000008553

Address:

City-St-Zip:

FILED Apr 14, 2008 Secretary of State

Entity Name: LOGIA ELIO ESTRADA NO. 1985, INC. **Current Principal Place of Business: New Principal Place of Business:** 221 NW. 22 AVE. MIAMI, FL 33125 **Current Mailing Address: New Mailing Address:** 1664 W. 42 ST. HIALEAH, FL 33012 FEI Number: 59-0553665 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA, JOSE F 20131 SW 116 AVE MIAMI, FL 33186 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete ARRIETA, ERNESTO GARCIA, PEDRO Name: Name: 13250 SW 7 CT. APT. 6212 Address: 1707 SW 9 ST. Address: City-St-Zip: PENBROKE PINES, FL 33027 City-St-Zip: MIAMI, FL 33135 Title: SEC. Title: ( ) Delete () Change () Addition Name: GARCIA, ENRIQUE Name: Address: 577 W. 53 ST. Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: TRE. () Delete Title: () Change () Addition FARRADAZ, ALDO Name: Name: Address: 1664 W. 42 ST. Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: FS ( ) Delete Title: () Change () Addition Name: GARCIA, JOSE F Name: Address: 20131 SW 116 AVE. Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition ARRIETA, ERNESTO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ALDO FARRADAZ TRE. 04/14/2008

13250 SW 7 CT. APT. #6212

PENBROKE PINES, FL 33027