

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90021 012 \*\*\*\*61.25

**DOCUMENT # N02000009496**

1. Entity Name

LOGIA TOMAS CRUZ #331, INC.



Principal Place of Business

Mailing Address

1950 W. 54 ST., APTD. 408  
HIALEAH FL 33012

1950 W. 54 ST., APTD. 408  
HIALEAH FL 33012



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1170021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONROY, ENRIQUE M  
1950 W. 54 ST., APTD. 408  
HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME RODRIGUEZ, JOSE  
STREET ADDRESS 17845 NW 81 ST COURT  
CITY- ST- ZIP MIAMI FL 33015

TITLE D ☐ Delete  
NAME MONROY, ENRIQUE M  
STREET ADDRESS 1950 W 54 ST APT 408  
CITY- ST- ZIP HIALEAH FL 33012

TITLE D ☐ Delete  
NAME RIGOBERTO, VALDES  
STREET ADDRESS 4250 NW 176 ST  
CITY- ST- ZIP CAROL CITY FL 33055

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11.

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**5 Jesus Mata**  
**8656 NW 198 St.**  
**Miami FL. 33015**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**Enrique Monroy**  
**1950 W 54 St. Apto.408**  
**Hialeah. FL. 33012**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**10 Rigoberto Valdes**  
**4520 NW 176 St.**  
**Carol City. FL. 33055**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

*JOSE RODRIGUEZ*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2007

Date

Daytime Phone #