

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000009496

1. Entity Name  
LOGIA TOMAS CRUZ #331, INC.



FILED

07 JUL -5 AM 11:42

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
17845 N.W. 81ST COURT  
MIAMI, FL 33015

Mailing Address  
17845 N.W. 81ST COURT  
MIAMI, FL 33015



06272007 Chg-NP CR2E037 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-1170021

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, JOSE  
17845 N.W. 81ST COURT  
MIAMI, FL 33015

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]*

JOSE RODRIGUEZ R.A.

6/27/2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME MATA, JESUS  
STREET ADDRESS 8656 NW 198TH STREET  
CITY-ST-ZIP MIAMI, FL 33015 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200106261702 ☐ Change ☐ Addition  
07/17/07--01026--005 \*\*\$61.25

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

TITLE D  
NAME JOSE RODRIGUEZ  
STREET ADDRESS 17845 NW 81ST COURT  
CITY-ST-ZIP MIAMI, FL 33015 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
jc 7/9

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE RODRIGUEZ

6/27/2007

Date

Daytime Phone #

305-819-7123  
1123