

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90218 011 ****61.25

DOCUMENT # N02000009496

1. Entity Name

LOGIA TOMAS CRUZ #331, INC.



Principal Place of Business

17845 N.W. 81ST COURT
MIAMI FL 33015

Mailing Address

17845 N.W. 81ST COURT
MIAMI FL 33015



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

1st MOORE

CR2E037 (10/07)

4. FEI Number
65-1170021 /

Applied For

Not Applicable

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

(NOTE: New Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	<input checked="" type="checkbox"/> Delete
NAME	MATA, JESUS	
STREET ADDRESS	8656 NW 198TH STREET	
CITY- ST- ZIP	MIAMI FL 33015	
TITLE	D.	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE	
STREET ADDRESS	17845 N.W. 81ST COURT	
CITY- ST- ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MIGÜBELTO, VALDES	
STREET ADDRESS	4250 NW 176 ST	
CITY- ST- ZIP	CAROL CITY FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGNACIO D. MATAS	
STREET ADDRESS	19701 NW 47 AVE	
CITY- ST- ZIP	Miami Gardens, FL 33055	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUE MATED	
STREET ADDRESS	675 NW 85 COURT #112	
CITY- ST- ZIP	Miami FL 33126	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE RODRIGUEZ	
STREET ADDRESS	17845 NW 81ST	
CITY- ST- ZIP	MIAMI FL 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

[Signature] REGISTER AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2008

Date

Daytime Phone #