# 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 02, 2009**
**Secretary of State**

DOCUMENT# N02000009496

**Entity Name:** LOGIA TOMAS CRUZ #331, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number: 65-1170021** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete
Name: MATAS, IGNACIO D
Address: 19701 NW 47 AVE
City-St-Zip: MIAMI GARDENS, FL 33052

Title: S ( ) Delete
Name: MATAS, JESUS
Address: 675 NW 85 COURT #112
City-St-Zip: MIAMI, FL 33126

Title: T ( ) Delete
Name: RODRIGUEZ, JOSE
Address: 675 NW 85 COURT
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: GOMIZ, ALDO
Address: 4230 NW 197 ST
City-St-Zip: MIAMI GARDENS, FL 33055

Title: S (X) Change ( ) Addition
Name: MATA, JESUS
Address: 4605 NW 199 ST
City-St-Zip: MIAMI GARDENS, FL 33015

Title: T (X) Change ( ) Addition
Name: RODRIGUEZ, JOSE
Address: 17845 NW 81 ST COURT
City-St-Zip: MIAMI, FL 33015

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.

SIGNATURE: ALDO GOMIZ PD 07/02/2009

Electronic Signature of Signing Officer or Director — Date