

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90098 007 ****61.25

DOCUMENT # N02000009527

1. Entity Name

LOGIA MARIA ANA CUNILL #154, CORP.



Principal Place of Business

17845 NW 81 CT
MIAMI FL 33015

Mailing Address

17845 NW 81 CT
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

65-1169998

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, MARIA E
17845 NW 81 CT
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: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	D	<input checked="" type="checkbox"/> Delete
NAME	GARCES, ILUMINADA	
STREET ADDRESS	3800 SW 126 AVE	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ALMEIDA, ADELAIDA	
STREET ADDRESS	4335 NW SOUTH TAMiami CANAL DR #113	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MARIA E	
STREET ADDRESS	17845 NW 81 CT	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, LUISA	
STREET ADDRESS	6133 E 5 AVE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONROY, MIRTHA	
STREET ADDRESS	1950 W 54 ST APT 112	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JUANA M	
STREET ADDRESS	4870 E 9 CT	
CITY-ST-ZIP	HIALEAH FL 33013	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ, JUANA M.	
STREET ADDRESS	4870 E 9 CT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA E.	
STREET ADDRESS	17845 NW 81 CT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALDEZ, RIGOBERTO	
STREET ADDRESS	4520 NW 176 ST	
CITY-ST-ZIP	CAROL CITY FL 33055	
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 exemption stated in Section 119.07(3)(i), 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

Maria E. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2005 305-819-7123