

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90093 024 \*\*\*\*61.25

**DOCUMENT # N03000006850**

1. Entity Name  
**LOGIA R.W. GARCIA, INC.**



Principal Place of Business  
**221 NW 22ND AVENUE  
MIAMI, FL 33125**

Mailing Address  
**221 NW 22ND AVENUE  
MIAMI, FL 33125**



04152006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**VIERA, JOSE A  
221 NW 22ND AVENUE  
MIAMI, FL 33125**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	VIERA, JOSE A
STREET ADDRESS	2990 SW 6TH STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	TD
NAME	MOLINET, RAUL A
STREET ADDRESS	2252 SW 18TH STREET
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	SD
NAME	TRUJILLO, ISRAEL
STREET ADDRESS	720 WEST 16TH ST. APT. 8
CITY-ST-ZIP	HIALEAH, FL 33010

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

*Jose A. Viera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-16-06 3056426264*  
Date Daytime Phone #