

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND FILED
2005 90142 048 ***150.00
N04000004324

05 OCT 13 PH 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000004324
1. Entity Name RESPECTABLE LOGIA SALOMON NO. 2 INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1140 W 29 ST Suite, Apt. #, etc. 22 City & State HIALEAH, FL Zip 33012	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PUERTO, GUSTAVO
Street Address (P.O. Box Number is Not Acceptable)
1140 W 29 ST #22
City
HIALEAH FL Zip Code
33012

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 Gustavo Puerto **GUSTAVO PUERTO** **4/4/2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP PUERTO, GUSTAVO 1140 W 29 ST #22 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1STP FUNES, JORGE 1140 W 29 ST, #22 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2NDP ELIZARDE, EDUARDO 1140 W 29 ST, #22 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRETO, NELSON D 1062 MEADOWLIGHT AVE MIAMI SPRINGS, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, GUILLERMO 435 SW 67 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gustavo Puerto **GUSTAVO PUERTO** **4/4/2005** **(305) 582-1696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #