

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 8:00 am
Secretary of State

03-23-2007 90024 030 ****61.25

DOCUMENT # N04000004324 1. Entity Name RESPECTABLE LOGIA SIMBOLICA SALOMON #2 INC.					
Principal Place of Business 1140 W. 29 ST. #22 HIALEAH FL 33012			Mailing Address 1140 W. 29 ST. #22 HIALEAH FL 33012		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NO-T APPLICABLE	
Zip Country		Zip Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PUERTO, GUSTAVO 1140 W 29 ST #22 HIALEAH FL 33012				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MR PUERTO, GUSTAVO 1140 W 29 ST #22 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	GUSTAVO Puerto 1140 W. 29 ST. # 22 - HIALEAH FLA 33012 -	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	2NDP BAEZ, ASTERIO 1140 W 29 ST STE 22 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	CIRO GONZALEZ 690 E. 8th AVE HIALEAH FLA-33010	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ELIZARDE, EDUARDO 1140 W 29 ST STE 22 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	ALEXIS GONZALEZ 460 E. 12th HIALEAH FLA 33010	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T MARTINEZ, GUILLERMO 435 SW 87 AVE MIAMI FL 33144	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	EUTIMIO VRALE 6450 COLIN AVE. # 905 - MIAMI BEACH. FLA-33141	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TSTP GONZALEZ, ALEXIS 1140 W 29 ST STE 22 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	LUIS FRANCISCO GARCIA 1740 SW. 67 AVE MIAMI FLA. 33155	☐ Change ☐ Addition
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 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: <u>Gustavo Puerto</u> TREASURY 4-15-07 305-5821696					

305-582-1696