2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 05, 2008 8:00 am Secretary of State DOCUMENT # N07000010786 1. Entity Name 03-05-2008 90033 015 ****70.00 LOGIA JOSE MARTI #28 INC Principal Place of Business Mailing Address 1316 S 58 TH ST TAMPA FL 33619 3214 W BEACH ST **TAMPA FL 33607** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 29-1366992 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M. RODRIGUEZ MUNOZ, EMILIO T Street Address (P.O. Box Number is Not Acceptable) 3214 W BEACH ST **TAMPA FL 33607** 4538 WI HENRY AUE. City 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: Bogistered Agent signature registed when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE T Delete TITLE Change Addition PD LEMUS, OMAR NAME NAME FRANCISCO MORELL 4714 N CORTÉZ AVE STREET ADDRESS STREET ADDRESS 1727 JULIAN LN DIZ **TAMPA FL 33614** CITY - ST - ZIP CITY-ST-ZIP VP TITLE Delete TITLE Addition GONZALEZ, JOSE A NAME NAME 6030 W CLIFTON ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33634** CITY-ST-ZIP CITY-ST-ZiP SD ☐ Delete ☐ Change ☐ Addition REYES, MANUEL NAME 1309 E PALIFOX ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33603** CITY-ST-7IP CITY-ST-7IP TITLE ☐ Dalete TITLE ☐ Change ☐ Addition RODRIGUEZ, JOSE M NAME NAME 4538 W HENRY AVE STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP THLE Delete TITLE Change Change ☐ Addition NAFÆ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

(JUSE M. RODR, GUEZ) 02/21/08 SIGNATURE:

if changed, or on an attachment with an address, with all other like empowered.

12. Thereby 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