

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90240 017 \*\*\*\*61.25

**DOCUMENT # N13757**

1. Entity Name  
LOGIA "MARTIRES DE LA CABANA" INC.



Principal Place of Business  
124 N.W. 15TH AVE  
MIAMI, FL 33125 US

Mailing Address  
124 NW 15 AVE  
MIAMI, FL 33125 US

60002334



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2693891

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

PORTUONDO, JORGE  
126 NW 15TH AVENUE  
MIAMI, FL 33125

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

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

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 SD  
NAME PORTUONDO, JORGE ☐ Delete  
STREET ADDRESS 124 NW 15 AVE #A  
CITY-ST-ZIP MIAMI, FL 331255513

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME PASTOR, ADALBERTO ☐ Delete  
STREET ADDRESS 3541 SW 13 TERR  
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD  
NAME ALONSO, FELIPE ☒ Delete  
STREET ADDRESS 3165 SW 4TH ST  
CITY-ST-ZIP MIAMI, FL 33135

TITLE Martin, Florentino ☒ Change ☐ Addition  
NAME 124 NW 15 Ave #2  
STREET ADDRESS Miami, FL 33125-5513  
CITY-ST-ZIP

TITLE VPD  
NAME PARDO, ANGEL ☒ Delete  
STREET ADDRESS 700 SW 63 AVE  
CITY-ST-ZIP MIAMI, FL 33144

TITLE Padilla, Florentino ☒ Change ☐ Addition  
NAME 1919 NW 15 Ave #908  
STREET ADDRESS Miami, FL 33125  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

Jorge Portuondo [Signature]

1-11-06 305-642-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #