

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

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90038 020 ****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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2693891

Applied For

Not Applicable

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	PORTUONDO, JORGE	
STREET ADDRESS	124 NW 15 AVE #A	
CITY-ST-ZIP	MIAMI FL 33125-5513	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PASTOR, ADALBERTO	
STREET ADDRESS	3541 SW 13 TERR	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MARTIN, FLORENCIA	
STREET ADDRESS	124 NW 15 AVE #2	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PADILLA, FLORENTINE	
STREET ADDRESS	1919 NW 15 AVE #908	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Medina, Manuel	
STREET ADDRESS	13700 SW 62nd St. # 108	
CITY-ST-ZIP	Miami, Fl., 33183	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chaviano, Julio R.	
STREET ADDRESS	1764 NW 19th St.	
CITY-ST-ZIP	Miami, Fl., 33128	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 517, 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 SD *[Signature]* 3-10-08 305-642-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #