

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005749

FILED
Jan 24, 2009
Secretary of State

Entity Name: LACANIAN ORIENTATION GROUP OF SOUTH-FLORIDA (L.O.G.O.S.), INC.

Current Principal Place of Business:

5700 COLLINS AVE
APT #4-H
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4045 SHERIDAN AVE
PMB #243
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0787626 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARENAS, ALICIA
Address: 5700 COLLINS AVE APT 4H
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: MACOTINSKI-KRUSZEL, LILIANA
Address: 5700 COLLINS AVE APT 4H
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: ARANGO, JUAN FELIPE
Address: 5700 COLLINS AVE APT 4H
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: CARDONA, MARIA E
Address: 5700 COLLINS AVE APT 4H
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ARANGO, JUAN FELIPE
Address: 5700 COLLINS AVE APT 4H
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: CARDONA, MARIA E
Address: 5700 COLLINS AVE APT 4H
City-St-Zip: MIAMI BEACH, FL 33140

Title: T (X) Change () Addition
Name: SCHUTT, FERNANDO
Address: 5700 COLLINS AVE APT 4H
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Change (X) Addition
Name: TENENBAUM, KARINA
Address: 5700 COLLINS AVENUE APT 4H
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA ARENAS

PD

01/24/2009

Electronic Signature of Signing Officer or Director

Date