2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 02, 2006 8:00 am Secretary of State DOCUMENT # N98000002602 02-02-2006 90076 014 ****70.00 1. Entity Name LOGIA MANUEL OLMEDO CAMACHO, INC. Principal Place of Business Mailing Address 710 S.W. 73RD COURT MIAMI FL 33144 710 S.W. 73RD COURT MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 65-0829797 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLMEDO, MANUEL JR. Street Address (P.O. Box Number is Not Acceptable) 710 S.W. 73RD COURT MIAMI FL 33144 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 reinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE PRESIDENT Delete ☐ Addition OLMEDO CARLOS 9200 SW ZI STREET NAME CASTRO, BAFAFI NAME 570 WEST 29 ST APT 14 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-7IP MIAMI FLUXIDA 33/61 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RODRIGUEZ, ANGEL NAME NAME STREET ADDRESS 3840 SW 102 AVE # D-206 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33165 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME OLMEDO, MANUEL JR NAME STREET ADDRESS 710 SW 73 COURT STREET ADDRESS MIAMI FL 33144 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TiTEF ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

TACHUNET

FILED

20/06 30F 216-0401.