2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2007 8:00 am DOCUMENT # N98000002602 **Secretary of State** 1. Entity Namo 02-13-2007 90012 002 ****70.00 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & Stato 4. FEI Number Applied For 65-0829797 Not Applicable 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 Name OLMEDO, MANUEL JR. Street Address (P.O. Box Number is Not Acceptable) 710 S.W. 73RD COURT **MIAMI FL 33144** City Zip Code* 8. The above named onlity 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 DATE (NOTE: Registered Agent signature reduired when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDENT Change 100 TITLE Addition Delete RAYHOND ADA) NAME OLMEDO, CARLOS NAMI 27 SW 145 COURT STREET ADDRESS STREET ADDRESS 9200 SW 21 STREET CITY ST ZIP CHY ST 7/P MIAMI FL 33165 HIII Delete 1006 Addition NAME NAME RODRIGUEZ, ANGEL 149705W 82m LANE # 104 SIDECT ADDRESS 3840 SW 102 AVE # D-206 STREET ADDRESS CUTY-ST-ZIP MIAMI FL 33165 CHY-ST 7IP MIAMI FLOMPA 33/93 HILL ☐ Delete nns ☐ Addition ☐ Change NAME NAMI OLMEDO, MANUEL JR STREET ADDRESS Siline i addiress 710 SW 73 COURT CITY-ST-ZIP CHY SI-ZIP **MIAMI FL 33144** HILLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY ST-78 TITLE Delete 11111 ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST- ZIP HHLE Defete HHE Change ☐ Addition NAME NAMI SINEET ADDRESS STRUET ADDRESS CITY - ST-ZIP CHY-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 eath; 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.

FILED

301-262-4666