


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # N99000005964 1. Entity Name HOLY LOGOS INTERNATIONAL, INC.	
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Principal Place of Business 3209-A N. ARMENIA AVENUE TAMPA, FL 33607	Mailing Address 3209-A N. ARMENIA AVENUE TAMPA, FL 33607
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**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3608001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  RODRIGUEZ, JOHNNY 4020 W. CASS STREET TAMPA, FL 33609
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, LUIS M 4020 W. CASS STREET TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL CASTILLO, RAMON 3209 N. ARMENIA AVENUE TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARO, JOSE A 4847 N. MELTON AVE., APT. 205 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/05/07-80051-024 61.25

**DO NOT WRITE IN THIS SPACE**

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: <u>Jose A. Amaro</u> <u>Jose A. Amaro D.</u> <u>3/27/07.</u>	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		