2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000049670

Entity Name: LOERA LEGACY, INC.

Address:

City-St-Zip:

1899 RESERVE BLVD #93

GULF BREEZE, FL 32563

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1863 CONSTITUTION DRIVE 7355 BROADMOOR STREET NAVARRE, FL 32566 NAVARRE, FL 32566 **Current Mailing Address: New Mailing Address:** 1863 CONSTITUTION DRIVE 7355 BROADMOOR STREET NAVARRE, FL 32566 NAVARRE, FL 32566 FEI Number: 20-0935021 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: LOERA, JUAN E LOERA, JUAN E 1899 RÉSERVE BLVD #93 7355 BROADMOOR STREET US GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 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: 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition JUAREZ, MARIA T JUAREZ, MARIA T Name: Name: 4924 BERKELEY FOREST BLVD 7355 BROADMOOR STREET Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: NAVARRE, FL 32566 VΡ Title: VΡ (X) Change () Addition Title: () Delete Name: LOERA, MARCO A Name: LOERA, MARCO A 7450 HARVEST VILLAGE BLVD 7355 BROADMOOR STREET Address: Address: NAVARRE, FL 32566 NAVARRE, FL 32566 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete LOERA, ROSALINDA LOERA, JUAN E Name: Name: 4924 BERKELEY FOREST BLVD 7355 BROADMOOR STREET Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: NAVARRE, FL 32566 Title: (X) Delete Title: () Change () Addition LOERA, JUAN E Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JUAN EDGARDO LOERA T 04/30/2008