2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

Aug 25, 2008 8:00 am Secretary of State DOCUMENT # P06000037239 08-25-2008 90002 044 ***150.00 LOGUERCIO ENTERPRISE, INC. Principal Place of Business Mailing Address 326 CORNELL DRIVE 326 CORNELL DRIVE LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business - No P.O. Box # /4543 67 57. //. 3. Mailing Address 7945 36 Suite, Apt. #, etc. Suite, Apt. #, etc. 08222008 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State LOXA HATC LOXANATO 56-2565789 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired PALM BEAL PALM BYAL 33470 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOGUERCIO, ANDREW JR Street Address (P.O. Box Number is Not Acceptable) 326 CORNELL DRIVE LAKE WORTH, FL 33460 14543 City Lox AhATchee Zip Code 33470 pmits 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 8. The above named entity the obligations of regis es/DenT SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 TITLE Addition TITLE ☐ Delete 14543 67 th smear North LOGUERCIO, ANDREW JR NAME NAME 326 CORNELL DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE LOGUERCIO, ANDREW NAME NAME - 36th cover NORTH STREET ADDRESS 4526 BARCLAY CRESENT DRIVE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33463 CITY_ST_7IP Change ☐ Addition Delete TITLE TITLE NAME PAPA, MARK NAME STREET ADDRESS STREET ADDRESS 1381 SW 1ST AVE POMPANO BEACH, FL 33060 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7tP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 607, 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 empewered

SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #