

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000068420

1. Entity Name
LOGRONO, INC.



Principal Place of Business
255 SOUTH ORANGE AVENUE
SUITE 1700
ORLANDO, FL 32801

Mailing Address
255 SOUTH ORANGE AVENUE
SUITE 1700
ORLANDO, FL 32801



02142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3469024

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSS, THOMAS T
255 SOUTH ORANGE AVENUE
SUITE 1700
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	AUFSEESSER, ERNST
STREET ADDRESS	20. CH. COLLADON CH-1209 GENEVA
CITY-ST-ZIP	SWITZERLAND,
TITLE	TD
NAME	KURZ, PETER
STREET ADDRESS	35.CH. DE LA SEYMAZ CH-1253 VANDOEUVRES
CITY-ST-ZIP	SWITZERLAND,
TITLE	D
NAME	WEBER, JEAN-PIERRE
STREET ADDRESS	BELCHENSTRASSE 19 CH-4053 BASEL
CITY-ST-ZIP	SWITZERLAND,
TITLE	PD
NAME	ROSS, THOMAS T
STREET ADDRESS	255 SOUTH ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	V
NAME	SAATHOFF, DWIGHT D
STREET ADDRESS	255 S. ORANGE AVE,
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000276645
03/25/05-80050-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #