

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 APR -9 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA



02232007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3469024 Applied For Not Applicable

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

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

2. Principal Place of Business - No P.O. Box #
420 S. Orange Ave

3. Mailing Address
420 S. Orange

Suite, Apt. #, etc.
Suite 1200

Suite, Apt. #, etc.
Suite 1200

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32801

Country
U.S.A

Zip
32801

Country
U.S.A

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)
515 E. Park Ave.

City
Tallahassee

FL

Zip Code
32301

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 *Kenn R. Roberts, President* 4-9-07

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100097569321 04/19/07--01032--014 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ross, Thomas T. 420 S. Orange Ave., ste 1200 Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *P. Ruiz, Treas.* 3/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #