

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029702

FILED
Apr 28, 2004
Secretary of State

Entity Name: LOGIMIX, LLC

Current Principal Place of Business:

950 SOUTH PINE ISLAND ROAD, A-150-118
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

950 SOUTH PINE ISLAND ROAD, A-150-118
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 57-1141499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIOS, LEOPOLDO J
1800 WEST 49TH STREET, SUITE #301
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GONCALVES, OSCAR
Address: 2440 NW 87TH AVE.
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: GONCALVES, JUAN CARLOS
Address: 2440 NW 87TH AVE.
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: BADIELLO, CATERINA
Address: 2240 NW 87TH AVENUE
City-St-Zip: MIAMI, FL 33712

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GONCALVES, OSCAR
Address: 3600 MYSTIC POINTE DR. #717
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OSCAR GONCALVES

MGR

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date