
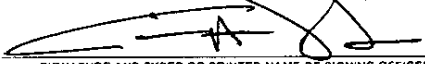


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90005 048 ***150.00

DOCUMENT # P02000117465			
1. Entity Name LOGIPLUS, INC.			
Principal Place of Business 5527 NW 72 AVE MIAMI, FL 33166		Mailing Address 5527 NW 72 AVE MIAMI, FL 33166	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANTOS, TOMAS A 1382 NW 78 AVE MIAMI, FL 33126		Name: Santos, Tomas A Street Address (P.O. Box Number is Not Acceptable): 5527 NW 72 Avenue City: Miami FL Zip Code: 33166	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing report)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SANTOS, TOMAS A STREET ADDRESS: 1382 NW 78 AVE CITY-ST-ZIP: MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE: P NAME: Santos, Tomas A STREET ADDRESS: 13252 NW 1st Terrace CITY-ST-ZIP: Miami, FL 33182	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: QUINTANA, IVETTE STREET ADDRESS: 1382 NW 78 AVE CITY-ST-ZIP: MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE: VS NAME: Quintana, Ivette STREET ADDRESS: 13252 NW 1st Terrace CITY-ST-ZIP: Miami, FL 33182	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SANTOS, ANNE L STREET ADDRESS: 1382 NW 78 AVE CITY-ST-ZIP: MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE: T NAME: Santos, Anne L STREET ADDRESS: 5627 NW 72 Avenue CITY-ST-ZIP: Miami, FL 33166	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 lines empowered.			
SIGNATURE: 		02/25/08 305-889-0420	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date (dd/mm/yyyy) Phone (Area Code) Number	