

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000117465

Entity Name: LOGIPLUS, INC.**Current Principal Place of Business:**5573 NW 72 AVE
MIAMI, FL 33166**Current Mailing Address:**5573 NW 72 AVE
MIAMI, FL 33166**FEI Number:** 43-1990646**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANTOS, TOMAS A
5573 NW 72 AVENUE
MIAMI, FL 33166 US*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**Officer/Director Detail :**

Title	P
Name	SANTOS, TOMAS A
Address	13252 NW 1 TERRACE
City-State-Zip:	MIAMI FL 33182

Title	VS
Name	QUINTANA, IVETTE
Address	13252 NW 1 TERRACE
City-State-Zip:	MIAMI FL 33182

Title	T
Name	SANTOS, ANNE L
Address	13252 NW 1 TERRACE
City-State-Zip:	MIAMI FL 33182

Title	P
Name	SANTOS, TOMAS A
Address	13252 NW 1ST TERRACE
City-State-Zip:	MIAMI FL 33182

Title	VS
Name	IVETTE, QUINTANA
Address	13252 NW 1ST TERRACE
City-State-Zip:	MIAMI FL 33182

Title	T
Name	SANTOS, ANNEL
Address	5573NW 72 AVENUE
City-State-Zip:	MIAMI FL 33166

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TOMAS A SANTOS**PRESIDENT****01/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date