

**2015 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 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

*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 SANTOS

**PRESIDENT**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date