

05-05-2003 90105 037 ***150.00

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**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000003556			
1. Entity Name LOGISTICS SYSTEMS INTERNATIONAL, INC.			
Principal Place of Business 1301 NW 84 ST SUITE 101 MIAMI, FL 33126		Mailing Address 1301 NW 84 ST SUITE 101 MIAMI, FL 33126	
2. Principal Place of Business 1825 Ponce de Leon Blvd Suite, Apt. #, etc. # 407 City & State Coral Gables, FL. Zip 33134		3. Mailing Address 1825 Ponce de Leon Blvd Suite, Apt. #, etc. # 407 City & State Coral Gables, FL. Zip 33134	
		4. FEI Number 65-1105291 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAGEL, JAMES P. 1301 NW 84 ST SUITE 101 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Gagel, James P. Street Address (P.O. Box Number is Not Acceptable) 150 Alhambra Circle #1270 City Coral Gables, FL Zip Code 33134	
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 <i>James P. Gagel</i> James P. Gagel 4/30/03 <small>Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent's signature required when resignation.)</small>			
<input checked="" type="checkbox"/> FILED OWNERS FEE IS \$150.00 Alternatively, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State		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 PS NAME GAGEL, JAMES STREET ADDRESS 1301 NW 84 ST SUITE 101 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE P.S.D NAME Gagel, James STREET ADDRESS 1825 Ponce de Leon Blvd # 407 CITY-ST-ZIP Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME LLONA, ALBERTO STREET ADDRESS 1301 NW 84 ST SUITE 101 CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE B NAME SEPULVEDA, GERARDO STREET ADDRESS 1301 NW 84 ST SUITE 101 CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE B NAME HETTINGER, JONATHAN STREET ADDRESS 1301 NW 84 ST SUITE 101 CITY-ST-ZIP MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE B NAME TAHTA, ALEXIS STREET ADDRESS 1301 NW 84 ST SUITE 101 CITY-ST-ZIP MIAMI, FL 33126	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <i>James P. Gagel</i>		Date 4/30/03 (305) 444-7797	

CORP034 (10/02)