2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # F02000004443 LOGISTICS MORTGAGE COMPANY, INC.

FILED Apr 19, 2004 8:00 am Secretary of State

04-19-2004 90273 004 ***150.00

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CR2E034 (10/03)



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Principal	Place o	f Busines:
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38 WEST 32ND STREET, SUITE 1309 NEW YORK, NY 10001

Mailing Address

38 WEST 32ND STREET, SUITE 1309 NEW YORK, NY 10001

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DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
<u>13-3463671</u>		Not Applicable
5. Certificate of Status Desired	П	\$8.75 Additional

No Chg-P

Fee Required 6. Name and Address of Current Registered Agent ANNE E FLOUEROR DO NOT WRITE 3432 NE CAUSEWAY 4-EDGEMONT PLACE IN THIS SPACE ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE BARILETTI, JOHN NAME STREET ADDRESS 38 WEST 32ND STREET, STE. 1309 CITY-ST-ZIP NEW YORK, NY 10001 CAMERLENGO, THOMAS 38 WEST 32ND STREET, SUITE 1309 STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10001 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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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 coport or supplemental report is true and populate and that my signature shall have the
	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 ir
	and the state of t
	changed, or on an attachment with an aptdress, with all other like empowered.

TITLE NAME STREET ADDRESS CITY+ST-7IP TITLE

STREET ADDRESS CITY-ST-ZIP