2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # K97893 1. Entity Name LOGGI ENTERPRISES, INC. Mailing Address Principal Place of Business 15553 SW 25 ST 15553 SW 25 ST MIRAMAR, FL 33027 MIRAMAR, FL 33027 US 03112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0143385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired X Fee Required 5. Name and Address of Current Registered Agent LODI, PAOLA DO NOT WRITE 15553 SW 25 ST MIRAMAR, FL 33027 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. VP TITLE LODI, PIER NAME STREET ADDRESS 15553 SW 25TH U00000327960 MIRAMAR, FL 33027 CITY-ST-ZIP 04/25/05-80058-010 158.75 TITLE LODI, PAOLA HAME STREET ADDRESS 15553 SW 25TH ST CITY-ST-ZIP MIRAMAR, FL 33027 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the Information supplied with this filling 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:

STREET ADDRESS CITY-ST-7IP

TED NAME OF SIGNING OFFICER OF DIRECTOR

4 - 22 - 05