

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K97893**

1. Entity Name  
**LOGGI ENTERPRISES, INC.**



Principal Place of Business  
**15553 SW 25 ST**  
**MIRAMAR, FL 33027 US**

Mailing Address  
**15553 SW 25 ST**  
**MIRAMAR, FL 33027 US**



03282008 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0143385** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**8. Name and Address of Current Registered Agent**

**LODI, PAOLA**  
**15553 SW 25 ST**  
**MIRAMAR, FL 33027**

**DO NOT WRITE IN THIS SPACE**

9. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

00000524918  
 05/04/06-80009-013 158.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LODI, PIER 15553 SW 25TH MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LODI, PAOLA 15553 SW 25TH ST MIRAMAR, FL 33027
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paola Lodi **PAOLA LODI** 4-19-06 954-433-0741  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #