2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029702

Entity Name: LOGIMIX, LLC

Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

950 SOUTH PINE ISLAND ROAD, A-150-118 PLANTATION, FL 33324

Current Mailing Address: New Mailing Address:

950 SOUTH PINE ISLAND ROAD, A-150-118 PLANTATION, FL 33324

FEI Number: 57-1141499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIOS, LEOPOLDO J 1800 WEST 49TH STREET, SUITE #301 HIALEAH, FL 33012

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

MANAGING MEMBERS/MEMBERS:

MGR () Delete GONCALVES, OSCAR Name: Address: 2440 NW 87TH AVE.

MIAMI, FL 33172

City-St-Zip:

Title: MGR () Delete GONCALVES, JUAN CARLOS Name:

Address: 2440 NW 87TH AVE. City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete

BADIELLO, CATERINA Name: 2240 NW 87TH AVENUE Address: City-St-Zip: MIAMI, FL 33712

ADDITIONS/CHANGES:

(X) Change () Addition

Name: GONCALVES, OSCAR

Address: 3600 MYSTIC POINTE DR. #717

AVENTURA, FL 33180 City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OSCAR GONCALVES 04/28/2004