2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000012020

1. Entity Name
LOGOS CE CORP.

Principal Place of Business	Mailing Address
201 RUBY AVENUE SUITE A KISSIMMEE, FL 34741	201 RUBY AVENUE SUITE A KISSIMMEE, FL 34741

04152004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3628297	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BELTRAN, JOHN
201 RUBY AVENUE S
SUITE A
KISSIMMEE, FL 34741-5698

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BELTRAN, JOHN
STREET ADDRESS	39 LITTLE JOHN LANE
CITY-ST-ZIP	ROCKLEDGE, FL 32955

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000135055
04/28/04-80044-006   150.00

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: 4/15/04   (407) 517-9161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #