

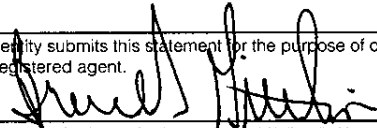
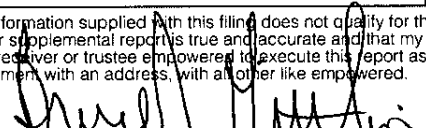


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000081746 1. Entity Name LOJX, INC.						<div style="transform: rotate(-15deg);"> FILED 04 MAR 15 AM 11:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 1000 CLINT MOORE ROAD STE 201 BOCA RATON, FL 33487				Mailing Address 1000 CLINT MOORE ROAD STE 201 BOCA RATON, FL 33487			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KIND, MICHAEL R 1000 CLINT MOORE ROAD STE 201 BOCA RATON, FL 33487				Name GITTLIN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 1000 CLINT MOORE RD SUITE 201 City BOCA RATON FL Zip Code 33487			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3/11/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GITTLIN, B MORTON 1000 CLINT MOORE ROAD STE 201 BOCA RATON, FL 33487			<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 200031290102 03/26/04--01088--007 **850.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>	
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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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/11/04 Daytime Phone # 561-241-1999			