

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90044 009 ***150.00

DOCUMENT # P01000111806 1. Entity Name LOGO IT HERE . COM INC.					
Principal Place of Business 2699 WEST 79TH STREET BAY 9 HIALEAH FL 33016			Mailing Address P.O. BOX 170435 HIALEAH FL 33017		
2. Principal Place of Business 6811 Brookline Drive			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami, Florida			City & State		
Zip 33015 Country USA		Zip Country		4. FEI Number 65-1151776	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GAVILAN, VIVIAN 6811 BROOKLINE DRIVE MIAMI LAKES FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  VIVIAN GAVILAN 3-1-06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 PSD <input type="checkbox"/> Delete NAME GAVILAN, VIVIAN STREET ADDRESS 2699 WEST 79TH STREET BAY #9 CITY-ST-ZIP HIALEAH FL 33016			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 6811 Brookline Drive STREET ADDRESS Miami, FL 33015 CITY-ST-ZIP		
TITLE VTD <input type="checkbox"/> Delete NAME GAVILAN, REYNALDO STREET ADDRESS 2699 WEST 79TH STREET BAY #9 CITY-ST-ZIP HIALEAH FL 33016			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 6811 Brookline Drive STREET ADDRESS Miami, FL 33015 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  VIVIAN GAVILAN 3-1-6(305)557-4929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					