

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082288

FILED
Apr 27, 2005
Secretary of State

Entity Name: MIGRALOGIC CORPORATION

Current Principal Place of Business:

1000 BRICKELL AVE
SUITE 450
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1000 BRICKELL AVE
SUITE 450
MIAMI, FL 33131

New Mailing Address:

PO BOX 811823
BOCA RATON, FL 33481

FEI Number: 45-0483568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, RAFAEL E
1000 BRICKELL AVE
SUITE 450
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERNANDEZ, RAFAEL
Address: 1000 BRICKELL AVE
City-St-Zip: SUITE 450, FL 33131

Title: D () Delete
Name: RILEY, CLARK A
Address: 428 CHESTNUT STREET
City-St-Zip: WINNETKA, IL 60093

Title: D () Delete
Name: TOME, ESTEBAN A
Address: 1000 BRICKELL AVE SUITE 450
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL HERNANDEZ

D

04/27/2005

Electronic Signature of Signing Officer or Director

Date