FILED
Jun 18, 2003 8:00 am
Secretary of State
05-05-2003 92205 035 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 36 P03000089070

1. Entity Name
Logikka Systems, Inc

DO NOT WRITE IN THIS SPACE

55048818

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2. Principal Place of Business	3. Mailing Address	4. FEI Number
1325 Kay Jean Drive Suite, Apt. #, etc.	1325 Kay Jean Drive Suite, Apt. #, etc.	02-0639806 ☐ Applied For ☐ Not Applicable
City & State: Valrico, FLORIDA	City & State: Valrico, Florida	
Zip: 33594 Country: USA	Zip: 33594 Country: USA	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: DEMETRIOS MENA
Street Address (P.O. Box Number is Not Acceptable): 1325 Kay Jean Drive
City: Valrico FL Zip Code: 33594

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: Demetrios Mena 06-12-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1st May 1 Fee is $150.00
After May 1st Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President DEMETRIOS MENA 1325 Kay Jean Drive Valrico FL 33594
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary DEMETRIOS MENA 1325 Kay Jean Drive Valrico, FL 33594
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer DEMETRIOS MENA 1325 Kay Jean Drive Valrico, FL 33594
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Demetrios Mena : DEMETRIOS MENA: President 05/01/03 813-2637243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #