2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90070 021 ***150.00

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01232005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000104858

1. Entity Name
LOGISTIC SOFTWARE CONSULTANTS INC.

Principal Place of Business	Mailing Address
10248 SPYGLASS WAY BOCA RATON, FL 33498	10248 SPYGLASS WAY BOCA RATON, FL 33498

2. Principal Place of Business	3. Mailing Address
10766 STONEBRIDGE BLVD	10766 STONEBRIDGE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33498 Country: USA	Zip: 33498 Country: USA

4. FEI Number: ~~72-3083327~~ 75-3083327 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUDNER, MORDECAI 17682 SEALAKES DRIVE BOCA RATON, FL 33498	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P ROCKOWER, DAVID 10248 SPYGLASS WAY BOCA RATON, FL 33498	☐ Delete	P ROCKOWER DAVID 10766 STONEBRIDGE BLVD BOCA RATON FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROCKOWER, SCOTT 10248 SPYGLASS WAY BOCA RATON, FL 33498	☐ Delete	VP ROCKOWER SCOTT 10766 STONEBRIDGE BLVD BOCA RATON FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: X _____ 2/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #