
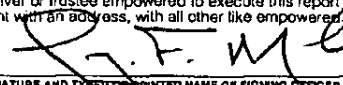


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90375 042 \*\*\*150.00

<b>DOCUMENT # P03000045523</b> 1. Entity Name <b>LOGIMAX, INC.</b>					
Principal Place of Business <b>4899 BELFORT RD STE 200 JACKSONVILLE, FL 32256</b>			Mailing Address <b>4899 BELFORT RD STE 200 JACKSONVILLE, FL 32256</b>		
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  <b>CHRITTON, J. KIRBY 1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MORALES, JORGE F 4899 BELFORT RD STE 200 JACKSONVILLE, FL 32256</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> 			<b>JORGE F. MORALES</b> <b>4-9-04</b> <b>904-398-6700</b> <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small>		