2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 10, 2004 8:00 am Secretary of State 04-19-2004 90375 042 ***150.00

DOCUMENT # P03000045523 1. Entity Name LOGIMAX, INC.												
Principal Place of Business Mailing Address												
4899 BELFORT RD STE 200 IACKSONVILLE, FL 32256				4899 BELFORT RD STE 200 Jacksonville, FL 32256								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-P	CR2E	034 (10/03)		
City & State				City & State			4. FEI Numb	- 20 <u>930</u> 9	73		polied For a Applicable	
Zip	Country			Zip Cou		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			litional d		
	6. Name	and Address of Curre	nt Regi	stered Agent		Name	7. Name and	Address of New F	Registered	Agent		
CHRITTON-J-KIRBY												
1301 RIVERPLACE BLVD STE 1500 JACKSONVILLE, FL 32207						Street Address (P.O. Box Number is Not Acceptable)						
						City		·	FL	Zip Cod	e	
	named entit	y submits this statemen tered agent.	for the	purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Fl			and accept	
SIGNATURE.	Signature tuned	or printed name of registered so	ant and title	dendicable DIOT	F. Banetan	ed Agent signature required	duchan communical		DATE			
	Signature, typeo	or pranted name of regulated ag	BUT BAND BINE	rrappication. (NO)	E: Hegistere	ID ACOUST SIGNATURE REQUIRED	3 when remaining)	 				
		FEE 18 \$150.00 4 Fee will be \$55	0.00	9. Election Campa Trust Fund Conf			.00 May Be led to Fees	į				
10.		OFFICERS AN	ID DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
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12. I hereby o	ertily that the on this repo	e information supplied v	vith this f	iling does not qualify to and accurate and that r	r the exe	emption stated in Se	ection 119.07(3) same legal effe	(i), Florida Statutes. ot as if made under	I further ce oath; that I	rtify that the ir am an officer	nformation or director	
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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report screening 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.											}	
SIGNAT	SIGNATURE: JORGE F. MORALES 4-9-04 904.399-5100											