

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


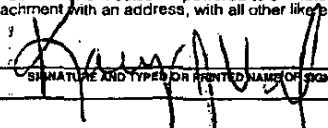
**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90002 009 \*\*\*150.00

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01152004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000047380</b>					
1. Entity Name LOGICAL LOGISTICS TRANSPORT, INC.					
Principal Place of Business 2269 RIDGEWOOD CIR ROYAL PALM BCH, FL 33411			Mailing Address 2269 RIDGEWOOD CIR ROYAL PALM BCH, FL 33411		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>51-0463568</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARX, JAMES 848 BRICKELL AVE STE 750 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	KARYN VIDAL / PRESIDENT <input type="checkbox"/> Delete 2269 RIDGEWOOD CIRCLE ROYAL PALM BEACH, FL 33411		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	
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	
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	
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	
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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Date: 5/1/05 Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment - P03000047380

HERMAN MOSKOWITZ, C.P.A., P.A.

66428721

CERTIFIED PUBLIC ACCOUNTANTS

3850 HOLLYWOOD BLVD.

SUITE 204

HOLLYWOOD, FL 33021

TEL 954: 983•6500

FAX 954: 983•6155

EMAIL: HERMAN@HMOSEKOWITZCPA.COM

June 17, 2004

Division of Corporations

P O Box 1500

Tallahassee, FL 32302-1500

**Re: Logical Logistics Transport, Inc.**

**FEIN # 51-0463568**

**Reference # P03000047380**

Dear Sir/Madam:

We are the Certified Public Accountants for the above-named corporation and we are in receipt of your notice in regards to the non-filing of their uniform business report for 2004.

Enclosed is a corrected copy of the annual report showing Karyn Vidal as President of the corporation.

Please follow up on the filing of Logical Logistics Transport, Inc.'s annual report so they are not charged the \$400 late fee.

Should you have any questions, contact the undersigned.

Very truly yours,

Herman Moskowitz  
Certified Public Accountant

Enclosures (2)

cc: Logical Logistics Transport, Inc.