

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080609

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: NETWORK LOGISTIX INCORPORATED

## Current Principal Place of Business:

7570 S. FEDERAL HWY.  
STE # 5  
HYPOLUXO, FL 33462 US

## Current Mailing Address:

7570 S. FEDERAL HWY.  
STE # 5  
HYPOLUXO, FL 33462 US

FEI Number: 20-0110388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERZACCO, MICHAEL L  
3170 EMERALD LANE  
LANTANA, FL 33462 US

## New Principal Place of Business:

1880 N. CONGRESS AVE  
STE # 207  
BOYNTON BEACH, FL 33426 US

## New Mailing Address:

1880 N. CONGRESS AVE  
STE # 207  
BOYNTON BEACH, FL 33426 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MERZACCO, MICHAEL L  
Address: 3170 EMERALD LANE  
City-St-Zip: LANTANA, FL 33462 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. MERZACCO

DP

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date