

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056392

Entity Name: COMLOGIC MARKETING, INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

1900 N 32ND COURT  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

2015 SW 159 AVENUE  
MIRAMAR, FL 33027

## Current Mailing Address:

1900 N 32ND COURT  
HOLLYWOOD, FL 33021

## New Mailing Address:

2015 SW 159 AVENUE  
MIRAMAR, FL 33027

FEI Number: 20-1030860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, LYNDEN  
1900 N 32ND COURT  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

SMITH, LYNDEN  
2015 SW 159 AVENUE  
MIRAMAR, FL 33027 US

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:

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete  
Name: SMITH, LYNDEN  
Address: 1900 N 32ND COURT  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: VP,S ( ) Delete  
Name: FORD, HEATHER  
Address: 1900 N 32ND COURT  
City-St-Zip: HOLLYWOOD, FL 33021 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change ( ) Addition  
Name: SMITH, LYNDEN  
Address: 2015 SW 159 AVENUE  
City-St-Zip: MIRAMAR, FL 33027 US

Title: VP,S (X) Change ( ) Addition  
Name: FORD-SMITH, HEATHER  
Address: 2015 SW 159 AVENUE  
City-St-Zip: MIRAMAR, FL 33027 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LYNDEN SMITH

P.T.

04/30/2005

Electronic Signature of Signing Officer or Director

Date