2005 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 17, 2005 8:00 am
Secretary of State

05-02-2005 90529 025 ***150.00

DOCUMENT # P04000061770

1. Entity Name
LOGIRAL, INC.

Principal Place of Business
309 NE 16TH STREET, UNIT C1
FORT LAUDERDALE, FL 33304

Mailing Address
309 NE 16TH STREET, UNIT C1
FORT LAUDERDALE, FL 33304

66023244

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 56-2452489 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, LIGEA M
309 NE 16TH STREET, UNIT C1
FORT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

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 Ligea M. Jones LIGEA M. JONES 4/30/05
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CPD JONES, LIGEA M 309 NE 16TH STREET, UNIT C1 FORT LAUDERDALE, FL 33304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD KIRBY, LOIS 309 NE 16TH STREET, UNIT C1 FORT LAUDERDALE, FL 33304	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTSD JONES, LIGEA M. 309 NE 16Th ST, UNIT C1 FORT, Lauderdale, FL 33304	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Ligea M. Jones LIGEA M. JONES 4/30/05 954 713-6495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #