

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134077

FILED
Mar 16, 2005
Secretary of State

Entity Name: LOGISTICS CONSULTANTS, INC.

Current Principal Place of Business:

7100 ISLAND BLVD
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

7100 ISLAND BLVD
AVENTURA, FL 33160

New Mailing Address:

860 SW 22ND ST.
BOCA RATON, FL 33486

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, HARRIET ESQ.
3107 STIRLING RD, SUITE 300
FT. LAUDERDALE, FL 33312 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: P () Delete
Name: MOONEY, ROBERT
Address: 7100 ISLAND BLVD
City-St-Zip: AVENTURA, FL 33160

Title: VPS () Delete
Name: LEWIS, HARRIET
Address: 3107 STIRLING RD, SUITE 300
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOONEY, ROBERT
Address: 860 SW 22ND ST
City-St-Zip: BOCA RATON, FL 33486

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

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: ROBERT MOONEY

PRES

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date