

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000144349

1. Entity Name  
LOGAN LUCIANA ENTERPRISES, INC.



**FILED  
Sep 08, 2005 8:00 am  
Secretary of State**

08-16-2005 90039 015 \*\*\*150.00

66027021



07292005 Chg-P CR2E034 (10/03)

Principal Place of Business  
5532 PAGEANT PLACE  
MARGATE, FL 33063

Mailing Address

5532 PAGEANT PLACE  
MARGATE, FL 33063

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

20-2202094

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOGAN, LUCIANA L  
5532 PAGEANT PLACE  
MARGATE, FL 33063

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!! FEE IS \$150.00  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PVST  
NAME LOGAN, LUCIANA L  
STREET ADDRESS 5532 PAGEANT PLACE  
CITY-ST-ZIP MARGATE, FL 33063

Delete

TITLE D  
NAME LOGAN, LUCIANA L  
STREET ADDRESS 5532 PAGEANT PLACE  
CITY-ST-ZIP MARGATE, FL 33063

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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: *Luciana Logan*

(Signature and typed or printed name of signing officer or director)

954-427-9770

Daytime Phone #



ATTACHMENT

66027021

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

August 18, 2005

**LOGAN LUCIANA ENTERPRISES, INC.**  
5532 PAGEANT PLACE  
MARGATE, FL 33063

Subject: **LOGAN LUCIANA ENTERPRISES, INC.**

Reference Number:

**P04000144349**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION