## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000069771

Entity Name: LOGICOM SYSTEMS CORPORATION

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
17063 W. DIXIE HWY. NORTH MIAMI BEACH, FL 33160					
Current Mailing Address:			New Mailing Address:		
17063 W. DIXIE HWY. NORTH MIAMI BEACH, FL 33160					
FEI Number: 20-2836209 FEI Number Applied For ( ) FEI Number			nber Not Applicable ( ) Certificate of Status Desired (X)		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
ADAM, FELIX 2801 WILLIAMS ISLAND BLVD. 116W AVENTURA, FL 33160 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:					
Electronic Signature of Registered Agent				Date	ı
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ADAM, IRIS M	Delete ISLAND BLVD. 116W 33160	Title: Name: Address: City-St-Zip:	PS (X) Change () Ad ADAM, IRIS M 2801 WILLIAMS ISLAND BLVD AVENTURA, FL 33160	
Title: Name: Address: City-St-Zip:	ADAM, FELIX	Delete ISLAND BLVD. 116W 33160	Title: Name: Address: City-St-Zip:	CEO (X) Change ( ) Ad ADAM, FELIX 2801 WILLIAMS ISLAND BLVD AVENTURA, FL 33160	
Title: Name: Address: City-St-Zip:	D () [ FERNSTROM, S' 3421 NW 20TH A OAKLAND PARK	WE	Title: Name: Address: City-St-Zip:	D (X) Change () Ad GRANDA, BENINGNO R 14431 SW 78 TH ST MIAMI, FL 33183	dition
Title: Name: Address: City-St-Zip:	D () [ LOPEZ, ALFRED 3238 RIVIERA D CORAL GABLES	O R RIVE	Title: Name: Address: City-St-Zip:	()Change ()Ad	dition
Title: Name: Address: City-St-Zip:	D ()[ CARDILLO, CHR 21235 NE 31 ST AVENTURA, FL	AVE	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Ad CARDILLO, CHRISTOPHER J 21235 NE 31 ST AVE AVENTURA, FL 33180	dition
Title: Name: Address: City-St-Zip:	D (X) I GRANDA, BENIN 14431 SW 78 TH MIAMI, FL 3318	I ST	Title: Name: Address: City-St-Zip:	()Change ()Ad	dition

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: IRIS M ADAM P 04/30/2007