

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140733

Entity Name: LOGI PLANNING CORP.

FILED
Mar 21, 2007
Secretary of State

Current Principal Place of Business:

150 ALHAMBRA CIRCLE SUITE 1150
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

14707 SOUTH DIXIE HIGHWAY PENTHOUSE 403
MIAMI, FL 33176

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITHMAN, ROBERT P
150 ALHAMBRA CIRCLE SUITE 1150
CORAL GABLES, FL 33134 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: PD () Delete
Name: LIMA, GUSTAVO R
Address: 14707 SOUTH DIXIE HIGHWAY PENTHOUSE 403
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD () Change (X) Addition
Name: GANZ, BRYAN
Address: 80 TRAPELO RD
City-St-Zip: LINCOLN, MA 01773

Title: VD () Change (X) Addition
Name: SHERKIN, ROBERT
Address: 95 CHILTERN HILL RD
City-St-Zip: TORONTO, ON M8C 3C4 CA

Title: S () Change (X) Addition
Name: O'TOOLE, MARY
Address: 1332 OLD MARLBORO RD
City-St-Zip: CONCORD, MA 01742

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY O'TOOLE

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03/21/2007

Electronic Signature of Signing Officer or Director

_____ Date