2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000091714

Entity Name: LOGIC USA CORPORATION

FILED May 09, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
2140 BELLCREST COURT ROYAL PALM BEACH, FL 33411				5480 NORTH OCEAN DRIVE, # B-4-D SINGER ISLAND, FL 33404-254 US		
Current Mailing Address:				New Mailing Address:		
2140 BELLCREST COURT ROYAL PALM BEACH, FL 33411				5480 NORTH OCEAN DRIVE, #B-4-D SINGER ISLAND, FL 33404-254 US		
FEI Number:	20-5195907	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD. SUITE 1500 (RIS) MIAMI, FL 33131 US				XANADU BOOKKEEPING & TAX SERVICE, L L C 5480 NORTH OCEAN DRIVE # B-4-D SINGER ISLAND, FL 33404-254 US		
	named entity s of Florida.	submits this statement for the p	urpose o	f changing it	s registered	office or registered agent, or both,
SIGNATURE: NARAIN G. MUKHI				05/09/2008		
Electronic Signature of Registered Agent						Date
		8(2)(b), F.S., the corporation did not Trust Fund Contribution ().	t receive t	he prior notice	е.	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	ABRATE, GIOVA 2140 BELLCRE			Title: Name: Address: City-St-Zip:	XANADU BOO 5480 NORTH	X) Change ()Addition KKEEPING &, TAX SERVICE, L L C OCEAN DRIVE, # B-4-D ND, FL 33404-254 US
Title: Name: Address: City-St-Zip:	FORESIO, ALE	RIO EMANUCLE II, # 15		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	FORESIO, PÃO	RIO EMANUCLE II, # 15		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete FORESIO, MARCO CORSO VITTORIO EMANUCLE II, # 15 MILANO, ITALIA, VA 20122			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FERRAROTTI, (RIO EMANUCLE II, # 15		Title: Name: Address: City-St-Zip:	() Change ()Addition

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: XANADU BOOKKEEPING & TAX SERVICE L L C D 05/09/2008