

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000091714

**FILED**  
**May 20, 2008**  
**Secretary of State****Entity Name:** LOGIC USA CORPORATION**Current Principal Place of Business:**5480 NORTH OCEAN DRIVE,  
# B-4-D  
SINGER ISLAND, FL 33404 US**New Principal Place of Business:****Current Mailing Address:**5480 NORTH OCEAN DRIVE,  
# B-4-D  
SINGER ISLAND, FL 33404 US**New Mailing Address:****FEI Number:** 20-5195907**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**XANADU BOOKKEEPING & TAX SERVICE, L L C  
5480 NORTH OCEAN DRIVE  
# B-4-D  
SINGER ISLAND, FL 33404 US**Name and Address of New Registered Agent:**MUKHI, NARAIN G PRES  
5480 NORTH OCEAN DRIVE  
# B-4-D  
SINGER ISLAND, FL 33404 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: NARAIN G MUKHI

05/20/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: XANADU BOOKKEEPING &, TAX SERVICE, L L C  
Address: 5480 NORTH OCEAN DRIVE, # B-4-D  
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: D ( ) Delete  
Name: FORESIO, ALESSANDRO  
Address: CORSO VITTORIO EMANUCLE II, # 15  
City-St-Zip: MILANO, ITALIA, 20122

Title: D ( ) Delete  
Name: FORESIO, PAOLO  
Address: CORSO VITTORIO EMANUCLE II, # 15  
City-St-Zip: MILANO, ITALIA, VA 20122

Title: D ( ) Delete  
Name: FORESIO, MARCO  
Address: CORSO VITTORIO EMANUCLE II, # 15  
City-St-Zip: MILANO, ITALIA, VA 20122

Title: D ( ) Delete  
Name: FERRAROTTI, GIOVANNI  
Address: CORSO VITTORIO EMANUCLE II, # 15  
City-St-Zip: MILANO, ITALIA, 20060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MUKHI, NARAIN G  
Address: 5480 NORTH OCEAN DRIVE, # B-4-D  
City-St-Zip: SINGER ISLAND, FL 33404 US

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

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

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

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

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: NARAIN G MUKHI

PRES

05/20/2008

Electronic Signature of Signing Officer or Director

Date