

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000032271

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: LOGIKAL,CORP

**Current Principal Place of Business:**

828 NE 16TH CT  
FORT LAUDERDALE, FL 33305

**New Principal Place of Business:**

**Current Mailing Address:**

828 NE 16TH CT  
FORT LAUDERDALE, FL 33305

**New Mailing Address:**

FEI Number: 26-4643981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JONES, LIGEA M  
828 NE 16TH CT  
FORT LAUDERDALE, FL 33305 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: JONES, LIGEA M  
Address: 828 NE 16TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP  
Name: SANCHEZ, ELIZABETH  
Address: 828 NE 16TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: COO  
Name: CARROLL, AMBER  
Address: 1012 W LAS OLAS BLVD #3  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: CFO  
Name: RUSSO, TERRI  
Address: 40 NE 56TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: S  
Name: MESADEAU, ENA  
Address: 5310 NW. 18TH PL  
City-St-Zip: LAUDERHILL, FL 33313

Title: CPO  
Name: SMITH, SUSAN M  
Address: 717 NW 40TH TERR.  
City-St-Zip: DEERFIELD BEACH, FL 33442

I hereby 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 all other like empowered.

SIGNATURE: LIGEA M. JONES

CEO

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date