

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P41010
1. Entity Name
ORGALOGIC MANAGEMENT, INC.



Principal Place of Business 25 SEABREEZE AVE #302 DELRAY BEACH, FL 33483 US	Mailing Address 25 SEABREEZE AVE. #302 DELRAY BEACH, FL 33483 US
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02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3520721	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

PAULOVITS, IMRE
25 SEABREEZE AVE, 302
DELRAY BEACH, FL 33483

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Paulovits* 6-7-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP PAULOVITS, IMRE 25 SEABREEZE AVE, #302 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PAULOVITS, MARIA 25 SEABREEZE AVE, #302 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLEFFERT, HEINZBERT 25 SEABREEZE AVE, #302 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/11/04-80001-027 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paulovits* 6-7-04 561-243-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #