

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 12, 2005 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**



02092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3520721

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. 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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

\$150.00

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
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1100000227657
02/14/05-80008-012 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

561-243-6330

Daytime Phone #