2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000029197

1. Entity Name
LOGAN & HIBNICK, P.A.

Principal Place of Business	Mailing Address
150 WEST FLAGLER ST SUITE 2050 MIAMI, FL 33130	MUSEUM TOWER, SUITE 2050 150 WEST FLAGLER ST. MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

01062005   No Chg-P   CR2E034 (10/03)

4. FEI Number 65-0742816	Applied For
	Not Applicable

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

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6. Name and Address of Current Registered Agent

LOGAN, STEWART W
150 W FLAGLER ST
MUSEUM TOWER STE 2050
MIAMI, FL 33130

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 _____   1/2/05
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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARNETT HIBNICK, CYNTHIA
STREET ADDRESS	MUSEUM TOWER, STE 2050, 150 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	D
NAME	LOGAN, STEWART W
STREET ADDRESS	MUSEUM TOWER, STE 2050, 150 W FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33130

TITLE	
NAME	
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CITY-ST-ZIP	

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01/12/05-80025-010 150.00

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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: _____   1/7/05   (305) 374-4242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #