
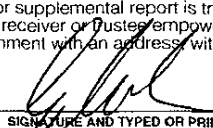


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90019 024 ***150.00

DOCUMENT # P98000067384 1. Entity Name LOGISTIC SERVICES, INC.					
Principal Place of Business 256 COMMERCIAL BLVD. LAUDERDALE BY THE SEA, FL 33308			Mailing Address 721 US HWY ONE STE 122 NORTH PLAM BEACH, FL 33408		
2. Principal Place of Business 721 US HWY ONE		3. Mailing Address			
Suite, Apt. #, etc. 122		Suite, Apt. #, etc.			
City & State NORTH PALM BEACH FL		City & State		4. FEI Number 65-0863675	
Zip 33408		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SZEBEGYINSZKI, MARTON 721 US HWY ONE STE. 122 N. PALM BEACH, FL 33408				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SZEBEGYINSZKI, MARTON 721 US HWY ONE STE. 122 N. PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  MARTON SZEBEGYINSZKI 07-08-2004 (561) 840 7964 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment 54063877

Florida Department of State
Division of Corporations

Dear Sirs,

We filed Annual Report 2004 of Logistic Services Inc.

Document Number: P98000067384

on-line in February 2004. It seemed to be everything in order in the computer.

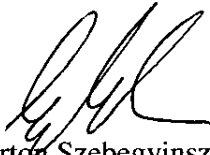
We have realized now that it didn't go through the bank, but we don't know what the problem was. The credit card number we gave was fine.

We are sending a company check for filing now.

I don't know if you sent any notice about the problem earlier, but I got a notice this week and I acted immediately.

Would you appreciate that circumstances please, and accept the filing without late penalty.

sincerely yours



Marton Szebegyinszki
Director

July 8, 2004