

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V44119

FILED
Oct 06, 2007
Secretary of State**Entity Name:** LOGAN MANAGEMENT GROUP, INC.**Current Principal Place of Business:**3847 NE 168TH STREET
SUITE 2E
N MIAMI BCH, FL 33160 US**New Principal Place of Business:****Current Mailing Address:**3847 NE 168TH ST
SUITE 2E
NORTH MIAMI BEACH, FL 33160 US**New Mailing Address:****FEI Number:** 65-0349016 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LOGAN, JEAN S
3847 NE 168 STREET
SUITE 2E
NORTH MIAMI BEACH, FL 33160 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:** PT () Delete
Name: LOGAN, JEAN S
Address: 3847 NE 168TH ST, SUITE 2E
City-St-Zip: N MIAMI BEACH, FL 33160 US**Title:** D () Delete
Name: LOGAN, JEAN S
Address: 3847 NE 168TH ST, SUITE 2E
City-St-Zip: N MIAMI BEACH, FL 33160 US**Title:** S () Delete
Name: LIFSHUTZ, NEIL
Address: 1721 SE 48TH ST.
City-St-Zip: OCALA, FL 34480 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: DOUGLAS-BARTOLONE, ALEXANDRIA
Address: 8037 PELICAN HARBOUR DR.
City-St-Zip: LAKE WORTH, FL 33467 US**Title:** VP () Change (X) Addition
Name: LABROUSSE, THAMARA
Address: 541 NE 71ST ST.
City-St-Zip: MIAMI, FL 33138 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEAN S. LOGAN

PT

10/06/2007

Electronic Signature of Signing Officer or Director_____
Date