


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90567 043 ***150.00

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DOCUMENT # P01000100905					
1. Entity Name INGA'S LOGISTICS INC.					
Principal Place of Business TIMBER BAY CIR WEST 600 OLDSMAR, FL 34677			Mailing Address TIMBER BAY CIR WEST 600 OLDSMAR, FL 34677		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JANOTA, BEATA 600 TIMBER BAY CIR WEST OLDSMAR, FL 34677				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOTA, JACEK	STREET ADDRESS		NAME	
STREET ADDRESS	600 TIMBER BAY CIR WEST	CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOTA, BEATA	STREET ADDRESS		NAME	
STREET ADDRESS	600 TIMBER BAY CIR WEST	CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR, FL 34677			CITY-ST-ZIP	
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NAME		STREET ADDRESS		NAME	
STREET ADDRESS		CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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NAME		STREET ADDRESS		NAME	
STREET ADDRESS		CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____		BEATA JANOTA V. PRES.		03/11/05 813-855-0834	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	