


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -6 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003002					
1. Entity Name INTELOGISTICS CORP.					
Principal Place of Business 855 SW 78 AVE STE 100 FORT LAUDERDALE, FL 33324			Mailing Address 8411 W OAKLAND PARK BLVD STE 300 SUNRISE, FL 33351		
2. Principal Place of Business - No P.O. Box # 855 SW 78 Avenue		3. Mailing Address 855 SW 78 Avenue		Barcode: 03192007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100		4. FEI Number 65-0851351	
City & State Plantation, Florida		City & State Plantation, Florida		Applied For <input type="checkbox"/> Not Applicable	
Zip 33324	Country USA	Zip 33324	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JASAITIS, VIDA M 855 SW 78TH AVE STE 100 FORT LAUDERDALE, FL 33324			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL 33324		
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: <i>Anthony Licausi</i> Anthony Licausi 4-5-07 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, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	D SAINT MLEUX, ANDRE 150 RUE GALLIENI BILLANCOURT, FRANCE, 92100 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S St Mlieux, Andre 150 rue Gallieni 92100 Boulogne-Billancourt France <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO DOURASSOFF, NICOLAS 855 SW 78TH AVE STE 100 FORT LAUDERDALE, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/CEO Dourassoff, Nicolas 855 SW 78 Avenue Suite 100 Plantation, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GRAND-CAVIN, ALICE 855 SW 78 AVE STE 100 FORT LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Curtis, Marie 855 SW 78 Avenue Suite 100 Plantation, Florida 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JASAITIS, VIDA M 855 SW 78 AVE STE 100 FORT LAUDERDALE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600096441906 04/11/07--01016--006 **150.00 <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		
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 exemptions contained 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 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: <i>Nicolas Dourassoff</i>		Nicolas Dourassoff		4-4-2007 954-671-6508	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	