

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000000031			
1. Entity Name INTERNATIONAL LOGISTICS GROUP, LTD. INC.			
Principal Place of Business 749 E MANDOLINE MADISON HEIGHTS, MI 48071	Mailing Address 749 E MANDOLINE MADISON HEIGHTS, MI 48071		
DO NOT WRITE IN THIS SPACE			
		07132005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 38-2167760	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P HENKE, THEODORE 749 E MANDOLINE MADISON HEIGHTS, MI 48071		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 		8/18/05 248-740-2360	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	