

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # P01000110580

1. Entity Name
IMPAC LOGISTIC SERVICES, INC.



Principal Place of Business
10800 NW 103RD STREET
MEDLEY, FL 33178-2398

Mailing Address
10800 NW 103RD STREET
MEDLEY, FL 33178-2398



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number
30-0005607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSES, STEVEN
10800 NW 103RD STREET
MEDLEY, FL 33178

**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

[Signature] CEO

(NOTE: Registered Agent signature required when reinstating)

1.28.05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MOSES, STEVEN
STREET ADDRESS ONE AMERICAN WAY, PO BOX 2298
CITY-ST-ZIP SECAUCUS, NJ 070962398

TITLE P
NAME SAPIENZA, RICHARD
STREET ADDRESS ONE AMERICAN WAY, PO BOX 2298
CITY-ST-ZIP SECAUCUS, NJ 070962398

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000247350
03/01/05-80019-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.28.05 (201)617-7777