

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000035595

1. Entity Name  
INGEOLAN CORP.



Principal Place of Business

15635 SW 74TH CIRCLE DRIVE SUITE 10  
MIAMI, FL 33193

Mailing Address

15635 SW 74TH CIRCLE DRIVE SUITE 10  
MIAMI, FL 33193

FILED  
05 JUN -3 AM 10:33  
SEC., STATE  
TALLAHASSEE, FLORIDA



**DO NOT WRITE IN THIS SPACE**

2005262005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1685680	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

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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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renaturing)

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 PD  
NAME MADRIGAL L., ALEJANDRO  
STREET ADDRESS 15635 SW 74TH CIRCLE DRIVE SUITE 10  
CITY-ST-ZIP MIAMI, FL 33193

2000055972712  
06/09/05--D1038--005 \*\*158.75

TITLE S  
NAME MARTINEZ, LUIS  
STREET ADDRESS 15635 SW 74TH CIRCLE DRIVE SUITE 10  
CITY-ST-ZIP MIAMI, FL 33193

TITLE D  
NAME DE LEON, ORLANDO  
STREET ADDRESS 15635 SW 74TH CIRCLE DRIVE SUITE 10  
CITY-ST-ZIP MIAMI, FL 33193

TITLE D  
NAME LOPEZ, EVRINA  
STREET ADDRESS 15635 SW 74TH CIRCLE DRIVE SUITE 10  
CITY-ST-ZIP MIAMI, FL 33193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

05/31/2005 305-283-4815

Date

Daytime Phone #