

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
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05262005 No Chg-P CR2E034 (10/03)

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4. FEI Number
06-1685680

Applied For
Not Applicable

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

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

(NOTE: Registered Agent signature required when re-registering)

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

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

200055972712
06/03/05--01038--005 **158.75

**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 #

05/31/2005

305-283-4815