2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035595

Entity Name: INGEOLAN CORP

City-St-Zip: MIAMI, FL 33193

FILED Sep 24, 2009 Secretary of State

Littly Nai	ille. INGEOL	AN CORF.				
Current Principal Place of Business:				New Principal Place of Business:		
15635 SW 74TH CIRCLE DRIVE SUITE 10 MIAMI, FL 33193				15635 SW 74TH CIRCLE DRIVE SUITE 10 MIAMI, FL 33193		
Current Mailing Address:				New Mailing Address:		
15635 SW 74TH CIRCLE DRIVE SUITE 10 MIAMI, FL 33193				17913 NW 7TH STREET SUITE 103 PEMBROKE PINES, FL 33029		
FEI Number:	: 06-1685680	FEI Number Applied For ()	FEI Numl	ber Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CPC ACCOUNTING SERVICES 11904 MIRAMAR PARKWAY MIRAMAR, FL 33025 US				CPC ACCOUNTING SERVICES 17913 NW 7TH STREET SUITE 103 PEMBROKEPINES, FL 33029 US		
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of	changing its registere	ed office or registered agent, or both,	
SIGNATURE: CPC ACCOUNTING SERVICES					09/24/2009	
	Electro	nic Signature of Registered Age	ent		Date	
		93(2)(b), F.S., the corporation did no	ot receive th	e prior notice.		
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MADRIGAL, AI	TH CIRCLE DRIVE SUITE 10	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MARTINEZ, LU	TH CIRCLE DRIVE SUITE 10	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DE LEON, OR	TH CIRCLE DRIVE SUITE 10	1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	LOPEZ, EVRIN) Delete IA IH CIRCLE DRIVE SUITE 10	1	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LUIS MARTINEZ S 09/24/2009