## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000150148

Entity Name: INPAK #5, INC.

City-St-Zip:

COCONUT CREEK, FL 33066

FILED Jan 06, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9128 GRIFFIN ROAD COOPER CITY, FL 33328 **Current Mailing Address: New Mailing Address:** 9128 GRIFFIN ROAD COOPER CITY, FL 33328 FEI Number: 20-0468508 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRICK, WILLIAM W JR. 1216 EAST ATLANTIC BLVD. SUITE 7 POMPANO BEACH, FL 33060 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: DPST (X) Change ( ) Addition SHAH, SAQIB Name: Name: SHAH, SAQIB 1123 NW 39TH AVENUE 9128 GRIFFIN ROAD Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: COOPER CITY, FL 33328 Title: (X) Delete Title: () Change () Addition Name: HUSSAIN, SYED K Name: 1123 NW 39TH AVENUE Address: Address: COCONUT CREEK, FL 33066 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition HUSSAIN, SYED B Name: Name: 1123 NW 39TH AVENUE Address: Address: COCONUT CREEK, FL 33066 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition GUPTA, JITENDRA Name: Name: Address: 1123 NW 39TH AVENUE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAQUIB SHAH P 01/06/2006