2005 FOR PROFIT CORPORATION ANNUAL REPORT

KHEN IM GUPTI

FILED Apr 04, 2005 08:00 AM Secretary of State

DOCUMENT # P03000150171 1. Entity Name INPAK #6, INC.									Se	creta	ry of	State
Principal Place of Business Mailing Address 6926 CYPRESS ROAD W. PLANTATION, FL 33317 PLANTATION, FL 33317						· · · · · · · · · · · · · · · · · · ·						
2. Principal Place of Business				3. Mailing Address								
Suite, Apt #, etc.				Suite, Apt. #, etc.				02172005	Chg-P	CR2E	034 (10/03)	
City & State				City & State				4. FEI Numb 20-846			No	oplied For ot Applicable
Zip	Country 6. Name and Address of Current F			Zip		ntry	5. Certificate of Status Desire 7. Name and Address of Ne			Fee Required		
								7. 112116 611	d Address of Ren	negistered	Agent	
TRICK, WILLÍAM W JR. 1216 EAST ATLANTIC BLVD SUITE 7						Street Add	Iress (F	P.O. Box Numb	per is Not Acceptat	ole)		
	O BEACH	l, FL 33060				City			·	FL	Zip Cod	e
8. The above	named enti	ity submits this statement fo	or the purp	oose of changing its	registere	ed office or re	gístere	ed agent, or bo	oth, In the State of I		- ţ	and accept
SIGNATURE												
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	DIRECTO		11.			ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME	D SHAH, SA	AOIR		Dejete	TITLE	i					Change	Addition
STREET ADDRESS CITY-ST-ZIP	1123 NW COCONU			ET ADDRESS -ST-ZIP			00000 04/04/05	0286430 -80028-) -006 15(0.00		
TITLE	D	LOVEDIA		☐ Defete 717		1					Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	HUSSAIN, SYED K \$ 1123 NW 39TH AVENUE COCONUT CREEK, FL 33066			, i		E Et address -St-zip						
TITLE	D			Delete	TITLE	ſ					☐ Change	Addition
NAME STREET ADDRESS		I, SYED B 39TH AVENUE			NAME	ET ADDRESS						
CITY-ST-ZIP	1	T CREEK, FL 33066			-ST-ZIP						ĺ	
TITLE	D	ITTNDDA		☐ Delete	TITLE	,					☐ Change	Addition
NAME STREET ADDRESS		JITENDRA 39TH AVENUE			NAME STREE	EY ADDRESS		•				
CITY-ST-ZIP	COCONU	TCREEK, FL 33066	-		сітұ-	ST-ZIP						
TITLE NAME				Delete	TITLE	I .					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					STREE	ET ADDRESS ST-ZIP						
TITLE			· · <u></u>	☐ Delete	TITLE			<u></u>	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME STREET ADDRESS					NAME STREE	T ADDRESS						
CITY-ST-ZIP					CITY-	ST-ZIP						
12. I hereby of indicated	ertify that the	a information supplied with it or supplemental report is	this filing true and	does not qualify for accurate and that m	the exen	nption stated ure shall have	in Sec	tion 119.07(3)(ime legal effec	n), Florida Statutes at as if made under	I further cer	lify that the in	formation or director
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 improvement 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.												
SIGNAT	URE: _	SIGNATURE AND PED OR P	RINTED NAM	E DE SIGNING DERCER	B DIRECTO	OR			/////		autima Phone B	