

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000006457

1. Entity Name
INTERFOX LOGISTICS CORP.



Principal Place of Business
1120 WEST CURLEW PLACE
TARPON SPRINGS, FL 34689

Mailing Address
1120 WEST CURLEW PLACE
TARPON SPRINGS, FL 34689

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY -4 PM 2:51

KS



01082006 No Chg-P CR2ED34 (11/05)

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4. FEI Number
20-2153729

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALBATUN, MALGORZATA
1120 WEST CURLEW PLACE
TARPON SPRINGS, FL 34689

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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 requesting)

DATE

FILE NOWIN FEE IS \$150.00
After May 1, 2010 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BALBATUN, MALGORZATA
STREET ADDRESS 1120 WEST CURLEW PLACE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, 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

4/23/2010(727)-942-9910
Date Daytime Phone #