

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P92000003789

1. Entity Name
INTER-FREIGHT LOGISTICS, INC.



FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business
**5401 W. KENNEDY BLVD.
SUITE 550
TAMPA, FL 33609**

Mailing Address
**5401 W. KENNEDY BLVD.
SUITE 550
TAMPA, FL 33609**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3160159** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERKOWITZ, HERBERT M
3407 W KENNEDY BLVD
TAMPA, FL 33609**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDS BOAS, MORRIE 5401 W. KENNEDY BLVD. TAMPA, FL
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04/18/05-80087-011 150.00

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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: Morrie G. Boas MORRIE G. BOAS 4/15/2005 813 287 2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #