


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000086740</b> 1. Entity Name IN TOUCH LOGISTIC SERVICES, INC.	
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Principal Place of Business  
1515 N.W. 167 STREET  
302 SUITE  
MIAMI, FL 33169

Mailing Address  
P.O. BOX 640100  
N MIAMI BEACH, FL 33164



04202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0785509	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 S.W. 22 STREET  
4 FLOOR  
MIAMI, FL 33145

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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	PD
NAME	DAVIS, WAYNE
STREET ADDRESS	1395 NW 167 STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	VD
NAME	JACKSON, NATHANIEL
STREET ADDRESS	1395 NW 167 STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	SD
NAME	ROBERTS, CLEVELAND III
STREET ADDRESS	1395 NW 167 STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	TD
NAME	HALL, DERRAL
STREET ADDRESS	1395 NW 167 STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	T
NAME	DAVIS, MARILYN
STREET ADDRESS	1395 NW 167 STREET
CITY - ST - ZIP	MIAMI, FL 33169
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000350111  
05/02/05-80093-001 158.75

**DO NOT WRITE  
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:**

*Wayne Davis* **Wayne Davis President** **4-26-05** **305-620-7940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #