2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000086740

1. Entity Name
IN TOUCH LOGISTIC SERVICES, INC.

Principal Place of Business	Mailing Address
1515 N.W. 167 STREET 302 SUITE MIAMI, FL 33169	P.O. BOX 640100 N MIAMI BEACH, FL 33164

04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0785509

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHEN M. ZALKA CPA
6437 NW 99TH AVE
CORAL SPRINGS, FL 33076

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	

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07/17/07-80001-004 558.75

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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 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 [illegible] President/C.E.O 7-11-07 805-620-7948 EXT-11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #