

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025660

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: A2Z CUSTOMHOUSE BROKERS, INC.

**Current Principal Place of Business:**

14991 SW 70TH ST  
MIAMI, FL 33193 US

**New Principal Place of Business:**

**Current Mailing Address:**

14991 SW 70TH ST  
MIAMI, FL 33193 US

**New Mailing Address:**

FEI Number: 65-1087271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARRIPAUL, JACQUELINE Z  
14991 SW 70TH ST  
MIAMI, FL 33193 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HARRIPAUL, JACQUELINE Z  
Address: 14991 SW 70TH ST  
City-St-Zip: MIAMI, FL 33193

Title: VP ( ) Delete  
Name: HARRIPAUL, HAYDEN L  
Address: 14991 SW 70TH ST  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE HARRIPAUL

PD

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date