


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000002663</b> 1. Entity Name <b>INTERFREIGHT HARMONIZED LOGISTICS INC</b>	
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Principal Place of Business <b>221 SHERIDAN BLVD. INWOOD, NY 11096</b>	Mailing Address <b>221 SHERIDAN BLVD. INWOOD, NY 11096</b>
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01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>11-3605135</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GUARNACCIA, ROBERT 1186 MAHOGANY LANE FORT LAUDERDALE, FL 33327</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (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	PC STEIN, MICHAEL 221 SHERIDAN BLVD. INWOOD, NY 11096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC STAUB, THOMAS 221 SHERIDAN BLVD. INWOOD, NY 11096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GUARNACCIA, ROBERT 1186 MAHOGANY LANE FORT LAUDERDALE, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BEATTIE, ANN MARIE 221 SHERIDAN BLVD. INWOOD, NY 11096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000239733 02/23/05-80002-025 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/05** **305-591-8946**  
Date Daytime Phone #