


**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # F02000002663 1. Entity Name INTERFREIGHT HARMONIZED LOGISTICS INC	
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Principal Place of Business 221 SHERIDAN BLVD. INWOOD, NY 11096	Mailing Address 221 SHERIDAN BLVD. INWOOD, NY 11096
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02282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**GUARNACCIA, ROBERT
1186 MAHOGANY LANE
FORT LAUDERDALE, FL 33327**

**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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

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03/21/08-80008-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **2-28-08 305-591-8946**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #