2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000602

Entity Name: WORLD CUSTOMS BROKERAGE, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1313 FOURTH AVENUE NEW HYDE PARK, NY 11040 **Current Mailing Address: New Mailing Address:** 1313 FOURTH AVENUE NEW HYDE PARK, NY 11040 FEI Number: 80-0111035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: BERGER, JAMES R Name: 46 SOUTHFIELD AVE, STAMFORD LANDING, BLDG 3 Address: Address: City-St-Zip: STAMFORD, CT 06902 City-St-Zip: VC Title: Title: () Delete () Change () Addition Name: BERGER, FRANCES H Name: 46 SOUTHFIELD AVE, STAMFORD LANDING, BLDG 3 Address: Address: City-St-Zip: STAMFORD, CT 06902 City-St-Zip: Title: Title: () Delete () Change () Addition HEYLAND, WAYNE B W Name: Name: 46 SOUTHFIELD AVE, STAMFORD LANDING, BLDG 3 Address: Address: STAMFORD, CT 06902 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition CONNOLLY, MICHAEL Name: Name: Address: 1313 FOURTH AVENUE Address: City-St-Zip: NEW HYDE PARK, NY 11040 City-St-Zip: Title: Title: () Delete () Change () Addition MANIACI, PHIL Name: Name: 1313 FOURTH AVENUE Address: Address: City-St-Zip: NEW HYDE PARK, NY 11040 City-St-Zip: Title: () Delete Title: () Change () Addition CHLUPSA, ANDREA Name: Name: 1313 FOURTH AVENUE Address: Address: City-St-Zip: City-St-Zip: NEW HYDE PARK, NY 11040

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: PHIL MANIACI VP 01/26/2009