


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000002781

1. Entity Name
HARMONIZED CUSTOMS BROKERS, INC.



Principal Place of Business Mailing Address
221 SHERIDAN BLVD. **221 SHERIDAN BLVD.**
INWOOD NY 11096 **INWOOD NY 11096**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
11-2880698 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUARNACCIA, ROBERT
1186 MAHOGANY LANE
FT. LAUDERDALE FL 33327

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCD Delete
 NAME **STEIN, MICHAEL**
 STREET ADDRESS **2 FURTH ROAD**
 CITY-ST-ZIP **NORTH WOODMERE NY 11581**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VSD Delete
 NAME **GUARNACCIA, ROBERT**
 STREET ADDRESS **1186 MAHOGANY LANE**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33327**

TITLE Change Addition
 NAME **00000071826**
 STREET ADDRESS **03/01/04-80086-018 150.00**
 CITY-ST-ZIP

TITLE TD Delete
 NAME **BEATTIE, ANN MARIE**
 STREET ADDRESS **914 FENWORTH BLVD.**
 CITY-ST-ZIP **FRANKLIN SQUARE NY 11010**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Ann Marie Beattie* Date: *2-26-04* Daytime Phone #: *305-591-8990*